



# Intimate/Personal Care Procedure

To cover All Ages/Gender

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## Introduction

### Respecting Personal Dignity

Where staff are involved on a daily basis in providing personal and intimate care to students with special educational needs arising from learning difficulties, sensory impairments and physical disabilities they are placed in a position of great trust and responsibility.

Students with special needs and/or disability can lack confidence and assertiveness. Activities related to intimate care should offer opportunities for personal development and choice.

**It is vital that Oasis Academy Brislington seek to engage with parents, and students, prior to enrolment and at any transition to discuss the normal routines of the Academy and introduce staff most likely to be involved in delivering aspects of intimate care.**

## Personal Care Risk Assessment (see appendix 1)

Where appropriate the following can assist in promoting positive attitudes to intimate care:

- Get to know the student beforehand in other contexts to gain an appreciation of his/her verbal and non-verbal communication
- Have a knowledge and understanding of any religious and/or cultural sensitivities related to aspects of intimate care related to this individual student and take full account of these
- Give explanations of what is happening in a straightforward and reassuring way including visual cues where appropriate, e.g. step by step symbol sheet
- When washing, always use a sponge or flannel and where possible encourage the student to attempt to wash private parts of the body him/herself
- Speak to the student by name (using age-appropriate language) and ensure that they are aware of the procedures involved
- Provide facilities which afford privacy and modesty
- Respect a student's preference for a particular carer where possible and sequence of care
- Keep confidential records which note responses to intimate care and any changes in behaviour that give cause for concern
- Agree appropriate terminology for private parts of the body and functions to be used by staff and encourage students to use these terms as appropriate
- Respond to and speak to all students in an age-appropriate manner
- Best practice would involve keeping a home/academy communication record to ensure continuity, identifying patterns and reassurance and transparency for parents/carers (e.g. Appendix 2 chart attached).

## Health and Safety Issues

Oasis Academy Brislington have a duty to safeguard the health and safety of both students and staff. It is imperative that the following health and safety concerns are addressed before the student begins attending.

- Personal hygiene (5 step hand washing technique, see Appendix 3)
- Disposal (soiled items should not be placed with general refuse)
- Protective clothing (disposable gloves and aprons)
- Cleaning of changing area/equipment (responsibility of named persons)
- Risk assessment (See Appendix 1, 1a & 1b)

Staffing levels need to be considered carefully. There needs to be a balance between maintaining privacy and dignity of the student and protection both for them and staff involved.

Preparation should include discussion with parents, confirmation of arrangements and plans for monitoring and review. The personal care plan should make reference to:

- Signed consent from parents/carers to allow support
- Signed consent of the student where appropriate
- Signature of School Nurse/Physio where their advice has been sought/included Clear arrangements for staffing and access to facilities
- Specialist advice, training or resources required
- Record keeping such as personal care diary and/or reward system if appropriate Any relevant and appropriate multi-agency involvement/information
- Risk assessments
- Liaison and review with parents and outside agencies

## Confidentiality

Sensitive information about students should only be shared with those who need to know, such as parents or other members of staff who are specifically involved with the students. Escorts and others should only be told what is necessary to keep the student safe. Parents and students need to know that where staff have concerns about a student's wellbeing or safety arising from something said by the student or an observation made by the staff then the Academies responsible person for Safeguarding will be informed (refer to Safeguarding and Child Protection Policy: DSL – Natasha Pugh or DDSL Nicola Griffiths). This may lead to procedures in the Academies Safeguarding Policy being implemented.

Information concerning intimate care procedures should not be recorded in a home/academy diary, as the diary is not a confidential document and could be accessed by people other than the parents/carers and member of staff. It is recommended that communication related to intimate care should be made through one of the following:

- Sealed letter
- Personal contact (and recorded in a log)
- Telephone call, between member of staff and parent/carer (and recorded in a log).

Sharing information between the Academy and home is important to secure the best care for the student, but the consent of the parents and the students who are able to give such consent is needed for information to be passed about their health to Academy staff or other agencies.

The recording sections may need to be adapted in the light of circumstances to do with setting and student.

### Personal Care Risk Assessment

Oasis Academy:

Assessor's Name:

Position:

Date:

Hazard Identified	Persons at risk	Risk assessment rating (H/M/L)	Precautions needed to control the risk	Resulting risk level	Date of implementation

Director: Specialist Centre/SENCo:

Assessment Review Date:

## **Guidelines for Completing a Personal Care Risk Assessment**

**To be carried out by School Nurse, Physiotherapist with parent/staff**

Useful definitions:

Hazard — A hazard is something that has the potential to cause harm.

Risk — A risk is the likelihood of someone being harmed coupled with the severity of that harm.

Risk assessment — A risk assessment involves identifying items or events in a work-place/work task, that have the potential to cause harm; coming to a judgement as to how likely it is that harm could occur and how serious that harm could be and then devising and implementing control measures to eliminate or reduce the risk to an acceptable level.

### **Steps to take:**

1. Are there any elements of the personal care process where there is a potential to cause harm? Consider the likelihood that someone will actually be harmed and also how severe that harm is likely to be. Decide whether the risk is low, medium or high.
  - Is there any lifting or handling involved?
  - Is there a risk of contact with bodily fluids?
  - Is the floor wet or cluttered?
  - Are the supervision levels sufficient to protect the carer and the student?
2. Are there any control measures in place to eliminate or reduce the risk to an acceptable level? If not:
3. What control measures need to be put in place? ° Record your findings. ° Implement the control measures.

The higher the risk rating, the more urgent are the control measures needed to eliminate or control the risk.

### **Examples of hazards which you may need to consider could include:**

Slips, trips and falls

Health risk posed by conditions such as infections, diarrhoea, vomiting

Child protection concerns

Manual handling issues

Cleaning and disposal of bodily fluid

**Children, Young People and Families Directorate**  
**Generic Risk Assessment**

*The recording sections may need to be adapted in the light of circumstances to do with setting and student.*

Establishment: Oasis Academy Brislington	Date:	Assessor(s) 1 2
Task/Activity/Location/Work Equipment: Supporting personal care (changing student's pull ups) within the disabled toilet facilities.		

Part A:

Hazards Identified:	Cross Infection Discomfort (specifically to adults Knees) re positioning when support ..... to change	Risk Rating (without controls in place) HIGH / MEDIUM / LOW
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Part B: Who is at risk (tick)

Employees	Students	Visitors / Public
Contractors	Other	

Part C:

Control measures required to manage health and safety	
1	As stated in the intimate care policy
2	These will be disposed of safely
3	Staff and students to wash hands thoroughly — visual prompts will be displayed
4	Area will be obstacle free, allowing adequate space for student / staff member to move unrestricted
5	Staff member to use kneeling pad to prevent discomfort to knees
6	Student is ambulant and does not need manual handling facilitation
7	Student to work towards independence and self — reliance
8	
9	

Part D:

Risk Rating with controls in place (tick):	Are any control measures on part C not implanted? (tick):	If yes, state below:	To be actioned by:
High Medium Low	Yes No		

Part E:

Frequency of review (tick):	6 Months:	12 Months:	24 Months:
Signature of assessors (1)			
(2)			



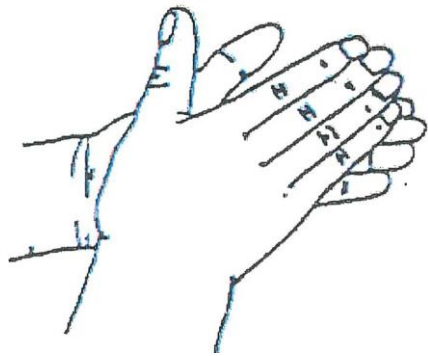
## Exemplar of Home School Communication Record

Time Changed	B.O.	P.U.	Cream Applied	Observation
10.30	X	✓	✓	Area looked better, put own cream on correctly
1.00	✓	✓	✓	Needed a lot of help
2.30	X	✓	✓	N/A
3.15	X	x	x	Checked — dry, no need to change

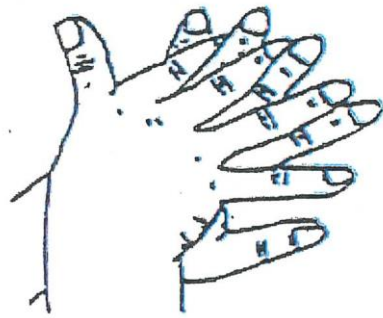
## Key:

BO — Bowels opened

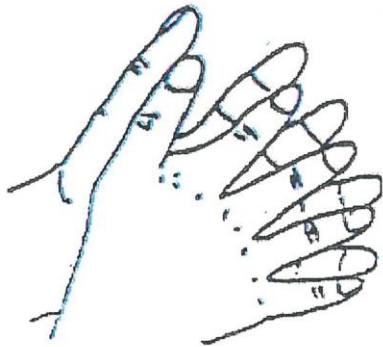
PU — Passed Urine



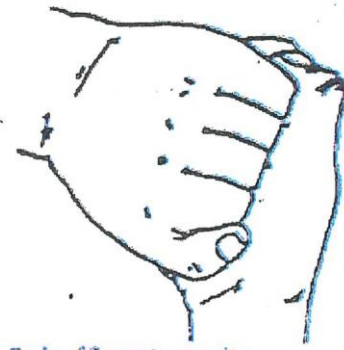
1: Palm to palm



2: right palm over left dorsum and left palm over right dorsum



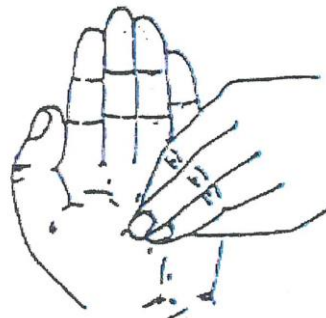
3. Palm to palm fingers interlaced



4. Backs of fingers to opposing palms with fingers interlocked



5 Rotational rubbing of right thumb  
Clasped in left palm vice versa



6. Rotational rubbing backwards and  
forwards, with clasped fingers of right  
hand in left palm and vice versa

## Care Plan

(To be used if toileting needs and additional needs are being considered)

**The recording sections may need to be adapted in the light of circumstances to do with setting and student.**

Please use aspects of this plan that are most appropriate for personalisation.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School/Setting: \_\_\_\_\_ Class: \_\_\_\_\_

G.P. Name: \_\_\_\_\_ Consultant: \_\_\_\_\_

Tel. Number: \_\_\_\_\_

Emergency Contact Information:

First Contact:	Second Contact:
Name	Name
Relationship	Relationship
Telephone Numbers	Telephone Numbers
Work	Work
Home	Home
Mobile	Mobile

## Care Plan

*The recording sections may need to be adapted in the light of circumstances to do with setting and student.*

Name: \_\_\_\_\_ Review Date: \_\_\_\_\_

Medical background:

### **Physical Management**

Toileting

PE

Educational Visits

Physical Access

Feeding

Communication

Other

### **Staff Training Requirements**

(please attach training record/certificate of training and circulation list)

**Medication** (including storage)

## Emergency Plan/Protocol

**In the event of an emergency the emergency plan/protocol must take precedence over this general care plan.**

### Fire Drill

#### Signatures:

We/I agree with the care plan detailed above.

We/I give permission for the administration of medication as outlined.

Parental/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director: Specialist Centre /SENCo Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse/Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

Copies to: Parent/Carers

School

Physical Disabilities Learning Team (if involved)

School Nurse/Health Professional

#### Additional Information

## Personal Care Plan — Toileting

(N.B. To be used if toileting is the only issue).

*The recording sections may need to be adapted in the light of circumstances to do with setting and student.*

Student's Name:

DoB:

Class Group:

Date:

Reason for Plan:

Aim of Plan:

### What will be done?

Details of when student will be changed/taken to toilet and specific routines to be followed. Social story and schedule required?

### By whom?

Assigned member of staff:

### Facilities:

Where the student will be changed and resources required.

### Training:

Specify training needs

For whom

Date Achieved

**Other Issues:**

Clothing

Off-site activities

Preferred language/signs/symbols

**Monitoring:**

Toilet Diary

Other

**Review Date:**

**Plan agreed by:**

	Name	Signature	Date
Parents/Carer:	_____	_____	_____
Student:	_____	_____	_____
Assigned staff:	_____	_____	_____
Director Specialist Centre	_____	_____	_____
SENCo:	_____	_____	_____

## Notes to support completion of a Care Plan

### What is a Care Plan?

- A care plan is a comprehensive, individualised description of health needs and associated difficulties. It should describe the reasonable adjustments and the provision the school/setting will make to meet the individual's needs. It needs to be a practical, working document that Oasis Academy (Brislington) can deliver on a daily basis.

### When do we need one?

- When there is an identified need in school/setting. This may be physical, medical and/or personal care needs.

### Why do we need one?

- We need care plans to ensure all individual medical and/or care needs are addressed in Oasis Academy (Brislington) and to provide staff with concise guidance and a procedure to follow.

### What does into the care plan?

- Information included in the care plan includes: The student's details, emergency contact details, medical background, physical management with regard to: Toileting and personal care; PE; educational visits; physical access; feeding; communication; training; medication (administered within Oasis Academy (Bristol Cluster) and/or at home); an agreed emergency plan/protocol to be followed; fire drill procedure and/or any other identified need.

### Who should contribute?

- Contribution to the care plan should include all staff/agencies who are involved with the student. Where a medical condition or diagnosis is evident it is important to involve the school nurse /physiotherapist for advice.
- The parent/carer should always be involved in the creation of the care plan and where it is appropriate the student's views should be included. It is the responsibility of the parent/carer to inform Oasis Academy Brislington of any changes in condition that may affect or need amendment to the care plan.



### **Who is responsible for creating and updating the care plan?**

- It is the Oasis Academies (Brislington) responsibility to ensure a care plan is in place, where necessary, with advice from the appropriate professionals (as above). The care plan is a working document and should be updated whenever there is a change in circumstances. This should be initialled and dated by both the member of staff and the parent/carer. It should be reviewed within an agreed time span, at least annually.

### **On completion of the care plan who should agree and sign?**

- It is essential that the relevant medical professional, parent/carer, the student where appropriate and the AVP — Specialist Centres/SENCo agree and sign the care plan on completion.
- It is also advisable that all staff who are involved in the student's care, sign to say they have read and understood the care plan.

## Early Years Toilet Training: Guidance Notes for Parents

Going to the toilet independently is an important milestone for all students. The age at which children become toilet trained varies greatly from child to child.

### Before you start:

It is important to avoid rushing into toileting before your child is ready. It can be difficult when friend's children are toileted or you have the pressure of a special event, such as starting nursery, but much of the frustration around toileting can be avoided by waiting until your child indicates they are ready.

Some of the signs to look for include:

- Your child telling you they are actually doing a wee or a poo. With praise they will gradually begin to recognise sooner and sooner until eventually they are able to 'hold on' long enough to get to a potty or toilet in time.
- Taking an interest in going to the toilet with you.
- Pulling at or telling you they have a wet or soiled nappy or even telling you they no longer wish to wear nappies.
- Able to stay dry for extended periods.

Modern nappies often mean children do not feel as wet or soiled as they did in years gone by. By looking out for signs, you can make sure you do not wait too long or start too early.

### Planning:

- Once your child is ready to begin toilet training, decide:
- What language you would like to use. For example wee wee, poo, toilet, potty. If your child uses signing or symbol system, choose appropriate signs.
- Would you like your child to use a potty or a toilet seat for young children? Where will this be kept? Who else needs to know? Make sure you let everyone who looks after your child know that you are beginning toilet training and what you have decided about language and equipment.
- If possible, take your child to the toilet with you and talk through step by step what you are doing. Ask them if they would like to try.
- Introduce the toilet or potty in a comfortable, safe way. Make the experience fun by singing, playing games or reading a story. Give lots of praise, even when the child does not 'go'.
- Use a few drops of food colouring in the toilet bowl. The yellow of the urine will change blue to green, and red to orange. Use Cheerios in the bowl as a target for boys to aim.
- Expect accidents. Try not to show you are disappointed, but deal with accidents in a 'matter of fact' way.

## Readiness for Toilet Training:

Use the checklist below to help you decide if your child is ready for toilet training. Not all of the items on the list will be appropriate to every child but the more items on the list that you have ticked, the more likely it is that your child will be successful. Do not be disheartened if you have not been able to tick many of the boxes yet, simply wait a few weeks and consider again.

You may want to share this list with staff at your child's early years setting or school if you are planning toilet training with them.

**Child's Name:**

**Date of Birth:**

<input type="checkbox"/>	My child is able to stay dry for an hour or more	<input type="checkbox"/>	My child imitates the actions of others
<input type="checkbox"/>	My child knows what a potty or toilet is for	<input type="checkbox"/>	My child is able to concentrate on task for five minutes or more
<input type="checkbox"/>	My child knows if he/she has a wet or soiled nappy on	<input type="checkbox"/>	My child is able to indicate his/ her needs (using words, signs or gestures)
<input type="checkbox"/>	My child's faeces are solid and well formed	<input type="checkbox"/>	My child is NOT currently experiencing any particularly stressful situations