



St Nicolas CE Primary School
PERSONAL CARE POLICY

CURRICULUM COORDINATOR SIGNATURE:

K. Edwards

GOVERNOR SIGNATURE:

A stylized, handwritten signature consisting of several overlapping loops and lines.

DATE ADOPTED:

Jan 2020

DATE FOR REVIEW:

Jan 2022

Additional notes:

Cross reference with the following policy/ies:

Safeguarding Policy

Allegations of abuse made against staff and volunteers working with children

St Nicolas Primary School Personal Care Policy

Introduction

Staff who work with children and young people will realise that the issue of personal care is a difficult one and will require staff to be respectful of individual's needs.

Personal care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demands direct or indirect contact with or exposure of the genitals. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing. Where possible all children will be encouraged to take responsibility for their own personal care; however, in circumstances where this is not possible, staff will support them in line with this policy.

Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff who provide personal care to children have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff at St Nicolas Primary School work in partnership with parents/prime carers to provide continuity of care to children wherever possible.

St Nicolas Primary School is committed to ensuring that all staff responsible for the personal care of children will undertake their duties in a professional manner at all times, and recognises that there is a need to treat all children with respect when personal care is given. No child should be deliberately attended to in a way that causes distress or pain.

Our Approach to Best Practice

All children who require personal care are treated respectfully at all times; the child's welfare and dignity is of paramount importance. Staff who provide personal care receive appropriate induction and training (including Child Protection and Health and Safety training in moving and handling) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/occupational therapist as required.

There is careful communication with each child who needs help with personal care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child's needs and preferences. The child is made aware of each procedure that is carried out and the reasons for it.

As a basic principle, children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Individual personal care plans will be drawn up for particular children as appropriate to suit the circumstances of the child (Appendix A). These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer and any health issues.

Each child's right to privacy and dignity 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 needs help with personal care. Each child's needs must be assessed on an individual basis using the risk assessment process (Appendix B). The personal care plan should indicate the ratio of staff required to ensure safe and effective care is provided, with reasons clearly defined in each case.

Parents/prime carers will be consulted regularly regarding the particular needs of their child in relation to personal care; a clear account of the agreed arrangements will be recorded on the child's care plan. The needs and wishes of children and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation. Each child will have an assigned member of staff to act as an advocate to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive.

Guidelines for Personal Care

- Any member of staff assisting a child with personal care must have an Enhanced DBS check.
- Give the child the opportunity to change in private and carry out this process themselves (school will have a supply of clean underwear and uniform).
- If the child is unable to complete the task unaided, a member of staff will assist.
- Two members of staff must be present when cleaning or changing a child in a room with the door closed*.
- When carrying out care assistance tasks, members of staff should notify another member of staff that they are carrying out a personal care task and leave the main door to the toilets open*.
- Ensure that the action that you are taking is necessary and that the child is happy with the support given: **care – concern – communicate.**
- Speak to the child by name and give explanations of what is happening.
- Reassure throughout and be responsive to any distress shown.
- Always wear protective, disposable gloves.
- Seal any soiled clothes in a plastic bag for return to parents.
- Any bodily fluid should be cleaned up as soon as possible and disposed of safely using the disposal bins provided. Children will be kept away from the area until the incident has been completely dealt with.

* larger care tasks such as changing or cleaning a child would be done in a room with a closed door, with two members of staff present. Smaller tasks such as assisting a child with clothes before using the toilet would be done by one member of staff. The child would be within the toilet cubicle for privacy but the main door to the toilets would be open

The Protection of Children

This policy must be read and applied in conjunction with the school's Safeguarding policy. St Nicolas' safeguarding and child protection procedures take account of guidance issued by the Department for Education and our own Local Authority. If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. information must be recorded as quickly as possible and passed to the designated teacher for child protection. The designated teacher will make an informed decision about the next course of action, for example whether or not a referral is made to the local child protection team. Where appropriate the school will keep parents/prime carers informed of any actions taken with regard to child protection and work in partnership with them, however the school may refer concerns without first

informing parents/prime carers if this is deemed the best way of protecting the children in our care.

The school curriculum, in particular through PSHCE, aims to encourage children's self-confidence, self-esteem and self-awareness – all important elements in enabling children to protect themselves. All children receive support in developing assertiveness and personal safety skills carefully matched to their level of development and understanding.

If a child becomes distressed or unhappy about being cared for by a member of staff, the matter will be looked into and outcomes recorded. Parents/prime carers 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.

Allegations made against staff or volunteers at the school will be handled in line with the procedures set out by the Local Authority designated officer and the schools policy: 'Allegations against staff and volunteers working with children'.

Monitoring

This policy will be reviewed every two years by the governing body. Regular monitoring of personal care plans and their implementation is ongoing by those staff involved in their administration. Any issues raised through this monitoring process that may require policy adjustments will be brought to the attention of the Headteacher as they arise.

Appendix A

Personal Care Plan

I agree to the staff of St Nicolas managing the personal care for my child as per the personal care policy and individual personal care plan.

Name of School:		Class:
Child's name:		DOB:
Nominated staff:		
Main area(s) of need:		
Detailed plan: (refer to any toileting plans, dressing or undressing and medical needs)		
Plan written by		
Date of plan		
Signed (parents/carers)		Date:
Signed (SLT)		Date:
Signed (Class teacher)		Date:
Signed (TA/s)		Date:

**Risk Assessment Record
Pupil / Student Behaviour
Management of Health & Safety at Work Regulations**

A	School or Service	Name of Pupil / Student	School Year	D.O.E⁽¹⁾	D.O.B⁽¹⁾
B	What are the behavioural patterns that present health and safety hazards?				
C	What risks do they pose and to whom?⁽²⁾			Estimate Risk Level H / M / L⁽³⁾	
D	What measures have been taken to reduce the risks?^(4 - 10)			Risk Level Achieved H / M / L⁽¹¹⁾	
E	What further action is needed to reduce the risk? (State action/Specify dates)			Remaining Risk Level H / M / L⁽¹²⁾	
F	What activities cannot be reasonably safely managed without disproportionate costs?⁽¹³⁾				

Name of Assessor:

Job Title:

Date:

Signed by:

.....

Head of Establishment

Date:

.....

Review

Date:

Checkpoints

(1) D.O.E - Date of entry to school or service.

D.O.B - Date of birth

- (2) Has all available information on the pupil / student been made available to all appropriate employees, volunteers & helpers. This may include non-teaching employees?
- (3) Estimated Risk Level: H – High, M – Medium, L – Low
- (4) Have all appropriate support services been consulted e.g. Behaviour Support Service
- (5) Are all those people that are potentially at risk aware of how they should respond? This may include other pupils / students, employees and employers offering Work Experience, escorts and / or visitors.
- (6) Are all identified risk reduction measures in place?
- (7) Are there contingency plans for absences of employees and others identified in control measures?
- (8) Are appropriate emergency action plans in place e.g. contact numbers for parent / guardian, carer, Social & Community Services Directorate. Are these regularly updated and easily available?
- (9) Has appropriate information, instruction and training been provided in areas like conflict avoidance?
- (10) Has this assessment been brought to the attention of appropriate employees and others affected and when will it be reviewed and updated?
- (11) Risk Level Achieved: H – High, M – Medium, L – Low
- (12) Remaining Risk Level: H – High, M – Medium, L – Low
- (13) Can these costs be estimated?

