

Phoenix Junior Academy



First Aid, Asthma & Medicine Procedures Incorporating Personal Care Guidelines (Adopted from KCC and amended to fit our needs)

Date written:	May 2016
Date received by staff:	May 2016 Sept 2019 Sept 2017
Date agreed by Local Governing Body:	July 2016 Sept 2018 Sept 2017
Date to be reviewed:	Sept 2020

We have 2 Designated staff who have First Aid at Work and are Paediatric First Aid qualified (Mrs Hook and Mrs Wady) Mrs Hook will be responsible during the school hours, however should she not be available either of the other two staff can act. Mrs Wady will be responsible overseeing Breakfast Club. They will have the responsibility for the practical day-to-day administration of First Aid care across the school and should:

- 1) Be aware of the provisions of this and other related Local Codes of Practice and apply them as appropriate;
- 2) Give prompt first aid treatment to sick or injured pupils and adults;
- 3) Arrange for pupils to be taken to hospital whenever serious injury is evident or suspected, whether by contacting the parent or arranging an ambulance.
- 4) Comply with the regulations on infectious diseases;
- 5) Keep records and prepare reports of accidents and dangerous occurrences and inform the Head teacher promptly of more serious matters;
- 6) Maintain a basic stock of first aid items in boxes strategically located in the Medical Room.
- 7) Keep and maintain the First Aid boxes around school; TAs responsible to maintain their own bum-bags.
- 8) Be available at break times and lunchtimes when pupils are at play and accidents are most likely;
- 9) Undertake any further duties, which the Head teacher considers to be necessary for the health and safety of the pupils;
All trained teaching assistants wear First Aid bum-bags and must be suitably trained and should assume any and all of the responsibilities, activities and functions listed above as necessary.

Other members of staff should:

- 1) Follow the agreed emergency procedures in the events of any serious accident or emergency illness;
- 2) Refer sick or injured pupils to the first aid representative;
- 3) Whenever parents notify the school of infectious disease or any other important medical information about pupils the First Aid Representatives are to be informed and all school staff are to be notified and picture with details displayed in staff room areas.
- 4) Serious medical issues must only be dealt with by the lead first aider. Staff involved must immediately complete a pastoral form so the information can be passed on to the relevant medical services.

Parents and pupils:

Parents should be informed that they must:

- 1) Inform the school promptly when their child has any infectious disease;
- 2) Inform the school of any physical disability or medical condition which might affect or limit the pupil's performance or ability;
- 3) Provide a written/verbal explanation when a pupil is returning to school after an illness.

Pupils should be instructed to:

- 1) Report promptly to staff any personal sickness or injury;
- 2) Report promptly to staff if ever they discover any other pupil to be sick or injured.

First Aid- The Law:

The Health and Safety (First Aid) Regulations 1981 describe first aid as;

- 1) Cases where a person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life and minimising the consequences of injury or illness until such help is obtained;
- 2) Treatment of minor injuries that would otherwise receive no treatment.

Limitations to First Aid activities:

First Aiders are not paramedics or doctors and it is essential that they do not extend their part in diagnosis and treatment beyond first aid as defined above. The training provided for first aiders does not equip them to diagnose illness or other medical conditions nor to prescribe drugs of any description. This means that all cases of illness or suspected illness must be referred either to a General Practitioner or where the symptoms seem to indicate severe illness requiring emergency treatment, to a hospital.

Should the school have pupils subject to severe allergic reaction (anaphylaxis) certain staff should be trained to give an injection of adrenaline so that action can be taken without delay in the event of a pupil's allergic reaction leading to Anaphylactic shock.

First Aid at Work Certificates:

- 1) We have two trained First Aid Instructors who will be administering the training on a rota.
- 2) Are valid for three years and are renewed by way of a refresher course. First aid representatives are required as a condition of employment to hold a current certificate.
- 3) All other nominated first aiders must also hold either First Aid at Work or Emergency First Aid Certificates.
- 4) Lists of First aiders are displayed around the school.

Basic First Aid Courses:

- 1) deal only with life preservation techniques and do not result in a formal first aid qualification. They are intended for those who may be called upon to act in the absence of the fully trained first aider.

First Aid Hygiene:

General - Remember that basic hygiene and cleanliness are necessary not only to protect the casualty but you as well.

Personal Protection - When copious bleeding occurs, wear the disposable apron and gloves provided. These must also be worn when cleaning up spillage of blood, vomit etc. from surfaces including floors. Dispose of them afterwards as with soiled dressings in the "yellow" bags stored in the Medical Room. All spillage must be reported to the administrative staff or the Site Manager without delay. Once reported any spillage should be cleared up using approved practices as soon as practicable. A member of staff must remain with the spillage until it has been dealt with. The area should be cordoned off to prevent slipping or spreading of the substance involved. If the Site Manager is unavailable a First Aider may be asked to clean up a spillage. How long a spillage can be left depends upon the nature of the spillage, where it is and how offensive it is, but the sooner it can be cleared up the better. Accidents involving blood e.g. cuts, nose bleeds etc., carry the danger of Hepatitis B, HIV (Aids) etc. If possible make the patient themselves put pressure on nose or cut to stop the bleeding.

Personal Hygiene - Whenever possible, scrub your hands before and after giving first aid. Soiled clothing can effectively be decontaminated by washing in a domestic washing machine using the 'hot' programme.

Hygiene in treatment - Except in cases of emergency, first aid should not be given by anyone who has an infectious disease or

- (a) an open wound or graze on the forearms or hands which is not completely covered by a waterproof adhesive dressing
- (b) chaps, chilblains or eczema on the forearms or hands, or
- (c) any form of dermatitis or other skin infection.

Every precaution must be taken to avoid contamination of wounds but do not apply patent creams or antiseptics. When water is not available, use sterile cleansing swabs such as "mediwipes".

Cleaning of surfaces - Surfaces, including floors, contaminated by body fluids must be cleaned carrying out any guidance given on the COSHH assessment approved practice. Any member of staff dealing with a spillage of blood or any other substance must wear protective gloves. Goggles and masks may also be appropriate in some circumstances.

First Aid Treatment:

Treatment should always be in accordance with the first aid training that has been given. Use a first aid manual for reference if needed.

Mouth-to-mouth resuscitation is one of the most important tasks that first aiders are trained to perform since casualties with breathing difficulties could otherwise die. It clearly involves direct physical contact between the casualty and the First Aider, and it is because of this that all first aiders should be provided with a resuscitation aid. This is a simple device that covers the nose and mouth of the casualty and provides a barrier to prevent contamination and cross infection. However, it is important to note that mouth-to-mouth resuscitation should never be withheld simply because a resuscitation aid is not available.

First Aid Precautions in School:

- 1) Avoid contact with blood and other bodily fluids by covering any cuts, sores, chapped skin or other open wounds with a waterproof dressing and putting on gloves before giving first aid. Unbroken skin is a natural barrier.
- 2) Wash hands before and after applying dressings.
- 3) Wear gloves when mopping up blood or body fluids with paper towels.
- 4) Do not use your teeth when putting on or removing gloves.
- 5) Pull off gloves so that they are inside out and the contaminated side is not exposed.
- 6) Place used gloves in the yellow medical bin after use.
- 7) Wash hands and other surfaces immediately after contact with blood or other body fluids and after removing gloves.
- 8) If blood or other body fluids are spilt, flood with a suitable cleaning agent and mop up with disposable towels wearing rubber gloves.
- 9) Place disposable towels in a plastic bag for incineration.
- 10) If clothes are blood stained, change for clean ones once the wound has been treated. Handle blood stained clothes with rubber gloves and soak in cold water before washing in a machine on a hot cycle.
- 11) If anyone has direct contact with another's blood or body fluids, the exposed part of his or her body should be washed immediately with soap and water.
- 12) Use clean, cold tap water if lips, mouth, tongue, eyes or broken skin are involved and seek medical advice.

Notifiable Accidents:

Accidents:

All serious accidents should be reported to the Head teacher and an Accident Form is to be completed, and any dangerous occurrences will be reported by the Head teacher through the L.E.A and the H.S.E. Furthermore, Minor accidents should be referred to the Medical Room.

Notifiable accidents to the HSE RIDDOR are as follows:-

DEATH as the result of an accident

FRACTURE of the skull, spine or pelvis

In the arm or wrist (but not the hand)

In the leg or ankle (but not the foot)

Note: a broken nose or jawbone is notifiable. A fractured collarbone or cracked rib is only notifiable if the injured person is admitted to hospital for more than 24 hours.

AMPUTATION: Of any part of hand or foot.

EYESIGHT: Loss of sight, penetrating injury or harm.

ELECTRIC SHOCKS: requiring immediate medical treatment or resulting in a loss of consciousness.

ACUTE ILLNESS: From the absorption of any substance by inhalation, ingestion or through the skin, or from exposure to a pathogen or infected material.

HOSPITALISATION: Any injury that results in immediate admission into hospital for more than 24 hours.

INCAPACITATION: any injury which results in an employee being unable to do his/her normal work for more than three days, even if the employee was not absent for that time.

First Aid Boxes, Sports and Travelling First Aid Kits:

Mrs Hook is the appointed staff member responsible for stocking and maintaining First Aid boxes; with that form part of the school's permanent first aid provision as well as the Sports and Travelling First Aid Kits. TAs are responsible for their bum-bags. All First Aid kits are compliant with to the latest BS-8599-1 standards. A First Aid travel kit will accompany pupils involved in our of school activities. All pupils taking part in day journeys must be checked for individual medication, e.g. asthmatics, diabetics, epi-pens where necessary. Kits provided may vary according to the nature of the trip or activity.

Pupil Medicines:

No medication will be administered in school without a written request from a doctor, usually in the case of a chronic ailment, e.g. epilepsy, asthma, etc. School will administer medicines for a child who is receiving a course of treatment on a four times a day recommendation with a signed medical consent form from the parent. For children receiving a course of treatment on a three times a day recommendation the school will not administer the medication. It is advised to be taken before school, after school and bedtime (as recommended in the Managing Medicines in Schools and Early

Years Settings guidance by the Dept. for Education and Skills) which Medway Council expect all schools to follow.

Defibrillator:

We have a Defibrillator in school located adjacent to the First Aid Room in the Kitchen Area. We have two members of staff Mrs Hook and Mrs Wady who have undertaken training to use this.

All medicines are kept locked in a purpose built medicine cupboard in the Medical Room, and dispensed by a member of the First Aid team. The name of each child must be written clearly on the medicine containers and all medicines given are recorded.

Infectious Diseases:

Infectious diseases are notifiable to the Medical Officer for health. A list is kept in the Kitchen Area adjacent to the Medical Room.

Parents of children with specific medical conditions and female staff in the early stages of pregnancy will be informed of the outbreak of particular diseases which may adversely affect their condition.

Asthma:

The school recognises that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma.

Ensures that pupils with asthma can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out of hours school activities.

Recognises that pupils with asthma need immediate access to reliever inhalers at all times.

Keeps a record of all pupils with asthma and the medicines they take.

Ensures that the whole school environment, including the physical, social, sporting and educational environment, is favourable to pupils with asthma.

Ensures that all pupils understand asthma.

Ensures that all staff (including supply teachers and support staff) who come into contact with pupils with asthma know what to do in an asthma attack.

Understand that pupils with asthma may experience bullying and has procedures in place to prevent this.

Will work in partnership with all interested parties including the school's governing body, all school staff, school nurses, parents/cares, employers of school staff, doctors, nurses and pupils to ensure the policy is planned, implemented and maintained successfully.

Asthma medicines

Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever with them.

Inhalers must be in the original box with the prescription label attached as proof it is for the child concerned.

Any pupil who has been prescribed an inhaler must have it with them when on school trips.

School staff are not required to administer asthma medicines to pupils (except in an emergency), however many of the staff at this school are happy to do this.

School staff who agree to administer medicines are insured by the local authority when acting in agreement with this policy. All school staff will let pupils take their own medicines when they need to.

Record keeping

At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their medical details form.

Exercise and activity PE and games

Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and teachers at the school are aware of which pupils have asthma from the school's asthma register.

Pupils with asthma are encouraged to participate fully in all PE lessons.

Out of Hours

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are

well documented and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in after school clubs.

School Environment

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school has a definite no smoking policy.

When a pupil is falling behind in lessons

If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents/carers to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the school nurse and special education needs coordinator about the pupil's needs.

The school recognises that it is possible for pupils with asthma to have special education needs due to their asthma.

Asthma Attacks

In the event of an asthma attack the school follows a clear procedure visibly displayed in the first aid room and in every classroom throughout school.

Emergency Asthma Pump

An emergency pump is held in school, this can be used as long as consent has been provided from parent/carer. A maximum of ten puffs on the inhaler is allowed whilst taking to A&E.

Individual Care Plans

In extreme Asthma cases an individual Care Plan can be put in place.

Asthma Care Plan

All parents/carers of children with asthma are consequently sent an Asthma UK School Asthma Card* to give to their child's doctor or asthma nurse to complete. Parents/carers are asked to return them to the school. From this information the school keeps its asthma register, which is available to all school staff. School Asthma Cards* are then sent to parents/carers of children with asthma on an annual basis to update. Parents/carers are also asked to update or exchange the card for a new one if their child's medicines, or how much they take, changes during the year.

Child's name.....Date of Birth.....

Address.....

.....

Telephone Number.....

Mobile

Emergency contact number.....

GP Name Telephone No.....

Regular treatment to be given during school hours

Name of medication

Dosage when to be taken

Reliever medication to be given as required

Name of medication

Dosage When to be taken

Treatment to be taken before exercise

Name of medication

Dosage When to be taken

Card seen by school representative

Yes/No

Asthma Triggers (if known)

Sport:

Whenever sport is played injuries are possible and though the types of injury may differ, there is a need for good standards of health and hygiene and the correct application of first aid. The risk of someone with broken skin coming into contact with blood is small. However, it is sensible to always practise safe first aid. Whoever is in charge at the time of injury should ensure that the wound is treated immediately. Untrained spectators should be discouraged from offering assistance unless asked to do so. Those trained in first aid should wear disposable, waterproof gloves and rinse wounds with water only. Once cleaned a wound should be covered securely with a waterproof dressing. If bleeding continues the injured person should be withdrawn from the activity until the bleeding stops.

Matting or equipment with which any of the participants come into contact should be disinfected regularly as part of a routine cleaning programme. A fully stocked first aid kit should be on hand whenever and wherever sport is taking place.

Blood Borne Infections:

Hepatitis B is 100 times more infectious than HIV and is capable of surviving for up to seven days. HIV is a fragile virus that cannot survive in air. Transmission of either of the viruses from one person to another cannot occur unless the virus enters the bloodstream. This can happen in a number of ways including:

- a. Accidental injection of tiny amounts of blood or other body fluids during medical, surgical, dental, laboratory and first aid work.
- b. Accidental injection when clearing up or disposing of contaminated equipment and products.
- c. Splashes of blood into the eye.
- d. Infusions of contaminated blood.
- e. Sexual activity.
- f. Passage from mother to her baby.

Hepatitis B vaccination is available for long-term protection. Enquire of your doctor.

Risk Assessments:¹

Will be completed on individual cases whereby a child or adult presents an issue in school; be returning to school with a fracture or any other medical need.

Personal Care Guidelines

CONTENTS

Description	Page
Aims	2
Definition of Personal Care	2
Basic Principles	3
Vulnerability to Abuse	3
Working with Parents	4
Links with Other Agencies	4
Good Practice Guidance	5
Training	7
Insurance	8
Complaint Procedures	8
Appendix A	
Helping Pupils with Personal Care Difficulties	9/10
Form 1 - Record of other agencies involved	11
Form 2 - Personal Care Management Checklist	12/13
Form 3 - Personal Care Management Plan	14/15
Form 4 - Record of Personal Care Intervention	16
Appendix B	
Useful contacts and resources	17
Acknowledgements	18

GUIDELINES FOR PERSONAL CARE Including Toilet Management

Following the implementation of the SEN and Disability Act 2005, 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 young people require assistance with personal care, especially toileting management. In many settings, this is a new duty that requires clear guidance in order to avoid causing anxiety for staff, the young people themselves and their parents/carers.

These Guidelines are a response to requests for clear principles and guidance on the issue of supporting personal care needs with specific reference to toileting. They should be considered as supplementary to the Kent Schools Model Medicine Policy which is based on “Managing Medicines in Schools and Early Years Settings” DFE and “Including Me” by Jean Carlin.

AIMS

The aims of these guidelines and associated documents are:

- To provide guidance and reassurance to staff.
- To safeguard the rights and well being of children and young adults.
- To assure parents and carers that staff are 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 and young adults may require help with eating, drinking, washing, dressing and toileting. Help may also be required with changing colostomy or ileostomy bags, managing catheters, tracheotomies or other appliances. In some cases, it may be necessary to administer rectal medication.

This guidance is not prescriptive but is based on the good practice and practical experience of those dealing with such children and young adults.

In the rest of this document the term child/children will be used to refer to children and young adults. The term parent(s) is used to refer to parents and legal guardians or carers.

BASIC PRINCIPLES

Personal care can take substantial amounts of time and can be an enjoyable experience for the child and for the carer(s). 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 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, ability, race, culture or beliefs.
- Children and young adults have the 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.

VULNERABILITY TO ABUSE

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

The following are factors that increase the young person's vulnerability:

- Children with disabilities have less control over their lives than is normal.
- They do not always receive sex and relationship education and so are unable to recognise abuse.
- Through residential, foster or hospital placements, they may have multiple carers.
- Differences in appearance may be attributed to the child's disability rather than to abuse.
- They are not always able to communicate what is happening to them.

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

Establishing effective working relationships with parents is a key task for all schools and is particularly necessary for children with special care needs or disabilities. Parents should be encouraged and empowered to work with professionals to ensure their child's needs are properly identified, understood and met. They should be closely involved in the preparation of Individual Education Plans (IEPs), Personal Education Plans (PEPs) and Health Care Plans since arrangements for personal care should be informed by parent's experiences of how this process can be made comfortable and appropriate for the child.

Plans for the provision of personal care must be clearly recorded to ensure clarity of expectations, roles and responsibilities. Records should also reflect arrangements for ongoing and emergency communication between home and school, monitoring and review. It is also important that the procedure for dealing with concerns arising from personal care processes is clearly stated and understood by parents and all those involved. Monitoring of plans should take place at least annually or at times of significant change.

LINKS WITH OTHER AGENCIES

Children with special care needs or disabilities may be known to a range of other agencies. It is important therefore that positive links are made with all those involved in the care or welfare of individual children. This will enable school based plans to take account of the knowledge, skills and expertise of other professionals and will ensure the child's well being and development remains the focus of concern. Arrangements for ongoing liaison and support to school staff where necessary should also be formally agreed and recorded. It is good practice for schools to identify a named member of staff to co-ordinate links with other agencies.

Relevant agencies may include:

- **Specialist Teaching Service**
- **Health Needs Education Service**
- **Minority Communities Advisory Service (MCAS)**
- **Children's Social Services**
- **Adult Disability Teams**
- **School Nursing Service**
- **Children with Additional Health Needs Nurses (CAHNN) - East Kent**
- **Health Visiting Service**
- **Community Paediatric Health Services**
- **Nurse Specialist (Children's Bladder and Bowel)**
- **Hospital based Paediatric Services**
- **Community Specialist Health Services**
- **Hospital based Specialist Health Services**
- **General Practitioners**

GOOD PRACTICE GUIDANCE

Good Practice in Personal Care

In many schools and educational settings, staff are involved on a daily basis in providing personal care to children and young people with special educational needs arising from learning difficulties, sensory impairments, medical needs and physical impairments. This places staff in a position of great trust and responsibility. They are required to attend to the safety and comfort of the children and to ensure that they are treated with dignity and respect.

The time taken to carry out this care can also be used to promote personal development, as even the youngest child can be encouraged to become aware of and value their own body and extend their personal and communication skills. If such opportunities are denied then they may not learn to distinguish between what is appropriate and inappropriate in language and touch. ***Confident and self-assertive children who feel their bodies belong to them are less vulnerable to sexual abuse*** (Tayside Regional Council Education Department Child Protection Guidelines and Procedures, 1995).

Wherever possible, staff should work with children of the same sex in providing personal care. When setting up a health care plan, it may be acceptable to all parties for a carer to be of the opposite sex. Religious and cultural values must always be taken into account. Staff need to liaise with parents and seek guidance from the Minority Communities Advisory Service (MCAS) where necessary.

It is vital that schools meet with parents and children prior to enrolment, to discuss the care plan and staff most likely to be involved in providing the personal care aspects.

Examples of positive approaches to personal care, which ensure a safe and comfortable experience for the child

- Get to know the child beforehand in other contexts to gain an appreciation of his/her mood and systems of communication
- Have a knowledge of and respect for any cultural or religious sensitivities related to aspects of intimate care
- Speak to the child by name and ensure they are aware of the focus of the activity
- Address the child in age appropriate ways
- Give explanations of what is happening in a straightforward and reassuring way
- Agree terminology for parts of the body and bodily functions that will be used by staff and encourage children to use these terms appropriately
- Respect a child's preference for a particular sequence of care
- Give strong clues that enable the child to anticipate and prepare for events e.g. show the clean nappy/pad to indicate the intention to change, or the sponge/flannel for washing
- Encourage the child to undertake as much of the procedure for themselves as possible, including washing intimate areas and dressing/undressing
- Seek the child's permission before undressing if he/she is unable to do this unaided
- Provide facilities that afford privacy and modesty
- Keep records noting responses to intimate care and any changes of behaviour

Practical considerations for managers to ensure health and safety of staff and children

- All adults assisting with personal care should be employees of the school. This aspect of their work should be reflected in their job description. In exceptional circumstances unpaid employees i.e. voluntary workers may assist with Personal Care provided they have been trained and hold an enhanced CRB check and with agreement of all parties.
- Staff should receive training in good working practices, which comply with Health and Safety regulations such as dealing with bodily fluids, wearing protective clothing, Manual Handling, Child Protection. Identified staff should also receive training for very specific personal care procedures where relevant from Health Care Professionals.
- Where a routine procedure needs to be established, then there should be an agreed **health care plan** involving discussion with school staff, parents, relevant health personnel and the child. **All parties should sign the plan.** The plan must be reviewed on a regular basis at least annually. There should be agreement about complaint procedures.

Appendix A provides some detailed background information and advice that will help inform the health care plan. It also provides: -

- Form 1 - for recording details of important contacts
- Form 2 - a personal health care plan checklist
- Form 3 - a sample format for a personal care management plan
- Form 4 - a sample sheet for recording interventions (primarily for use when the assistance is not on a routine basis and no formalised plan is set down)

The care plan should cover:

- Facilities
- Equipment
- Staffing
- Training
- Curriculum specific needs
- School trips (including residential)
- Arrangements for review and monitoring of the Health Care Plan and of the Complaints/Concerns procedure

Staffing levels need to be carefully considered. Schools and settings need to ensure there are sufficient members of staff trained to cover absence, changes of personnel and emergencies. It is advised that job descriptions for all new members of staff include the delivery of personal care and administration of medicines.

There is a balance to be struck between maintaining privacy and dignity for children alongside protection for them and staff. It is important for each educational setting to decide on practical ways of dealing with staffing levels. Some procedures may require two members of staff for health and safety reasons e.g. manual handling. This should be clearly stated in the care plan.

Where personal care procedures could be carried out by one person, protection might be afforded to a single member of staff in the following ways:

- Personal care staff to implement the strategies in the “**examples of positive approaches**” section outlined above.
- Personal care staff to notify the teacher, line manager or other member of staff that they are taking the child to carry out a care procedure.
- A signed record is made of the date, time and details of any intervention required that is **not** part of an agreed routine. See Appendix A Form 4. A decision can 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 should be recorded and discussed with a line manager immediately.
- Schools need to write a contingency plan that covers emergencies
- All discussions, meetings, interventions etc are well documented

Other practical considerations for managers

- Is a risk assessment for Moving and Handling (Manual Handling) required?
- There should be sufficient space, heating and ventilation to ensure safety and comfort for staff and child
- Facilities with 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. No re-use of disposable gloves
- Wet and/or soiled nappies/pads should be “double-bagged” before placing in the bin. If there are large volumes of soiled items, consult your local waste disposal authority
- There should be special arrangements for the disposal of any contaminated waste/clinical materials. Consult your local waste disposal authority

- Seeking advice on general continence issues through the School Nurse. For specific conditions, the School Nurse and/or parents should be able to provide links with relevant specialists
- 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 cleaning specialist equipment e.g. urine bottles and for clearing up blood spills
- Supplies of clean clothes should be easily to hand to avoid leaving the child unattended while they are located
- Be aware of the correct storage and fitting of continence products. Training may be necessary
- Consideration needs to be given to adolescent girls during menstruation.

TRAINING

The requirement for staff training in the area of personal care will vary greatly between schools and will be largely influenced by the needs of the children for whom staff have responsibility. Consideration should be given, however, to the need for training on a whole school basis and for individual staff who may be required to provide specific care for an individual child or small number of children.

Whole staff group training should provide staff with opportunities to work together on the range of issues covered within this document thus enabling the development of a culture of good practice and a whole school approach to personal care. Whole school training should further provide opportunities for staff to increase knowledge and enhance skills. New members of staff require training as part of their induction.

More individualised training will focus on the specific processes or procedures staff are required to carry out for a child. In some cases this will only involve basic physical care of the type familiar to any parent or carer that requires no special training. In cases of medical procedures, such as catheterisation, qualified health professionals should be called upon to provide training. Staff may also require training in safe moving and handling. This will enable school staff to feel competent and confident and ensure the safety and well being of the child. It is imperative for the school and individual staff to keep a dated record of all training undertaken.

For any child requiring personal care, it is recommended as good practice that this be discussed with the school nursing service.

INSURANCE

These guidelines aim 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 these guidelines and other documents specified on page 2 and take all reasonable precautions to prevent or minimise accident, injury, loss or damage. It is of particular importance with regard to:

- Staff training - including updates as appropriate
- The recording of activities
- Consent being obtained from parents
- The Health Care Plan being written and signed by parents
- The Health Care Plan being monitored and reviewed regularly
- The presence of two adults when invasive procedures are performed unless the parents have agreed to the presence of one adult only.

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. Always discuss with the Insurer whether extension of cover is required if an exceptional procedure is involved e.g. catheterisation. It is also the responsibility of the employer to ensure that proper procedures are in place, that staff are aware of the procedures and are fully trained to carry them out.

It is the **employee's** responsibility to carry out actions according 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".

COMPLAINTS

Children and their parents have a right to challenge and complain about procedures and practice with regard to personal care. The complaint procedure needs to be clarified on Form 3. Initially the school should try to deal with the concern. If this is not able to be resolved then parents can contact the governing body of the school and Chief Executive.

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
- Autistic Spectrum Disorder
- Learning Difficulties

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”. 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 and medical personnel with regard to swimming

Form 1

Record of other agencies involved

Pupil name: DOB

Name / Role	
<i>Parent/carer</i>	
<i>School Nurse/CAHNN</i>	
<i>Continence Adviser/Nurse Specialist</i>	
<i>Physiotherapist</i>	
<i>Occupational Therapist</i>	
<i>Hospital Consultant - Community</i>	
<i>Hospital Consultant - (specify)</i>	
<i>Hospital Consultant - (specify)</i>	
<i>Health Needs Education Service</i>	
<i>Specialist Teaching Service/MCAS</i>	
<i>GP</i>	
<i>Educational Psychologist</i>	
<i>Health Visitor</i>	

Form 2

Personal Care Management Checklist (to inform the written personal care plan)

Pupil Name _____ DOB _____

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

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 Monitoring and Review of Plan:

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.

Specialist Teaching Service Physical Impairment - Stoma Nurse (to be advised)

Minority Communities Advisory Service (MCAS)

Health Needs Education Service - Complex Health Needs Team Children's Outreach & Specialist Team 01634 830000 ext 5135

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.wiredforhealth.gov.uk downloadable guidance on infection control in schools

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

<http://pouch.iasupport.org/> - Support group for stomas

These Guidelines were originally compiled by:

Lyn Coyle Senior Advisor, Inclusion - Medway Education Authority
Carol Daniel Advisory Teacher Physical Disability
Chris O'Connor Support Worker and Trainer
Jill Wiles Policy Officer
Helen Windiate Area Children's Officer (Child Protection) West Kent Education

Amendments 2009 - Jane Emslie - Nurse Specialist (Children's Bowel and Bladder)
Amendments 2010 - W Ellsom - STS County Professional Lead Physical
Impairment
- Evelyn Green - Manger Health Needs Education Service
- Jackie Winchester - Senior Welfare Officer New Line Learning Academy

Alongside consultations with colleagues in Health and Education, we wish to acknowledge the following services used in compiling this document.

Abbey Court School
Valence School
Wilson Stuart School Birmingham
Scottish Office Education and Industry Department

