



Intimate Care & Toileting Policy

Name of policy	Intimate Care Policy
Status	Reviewed Jan 2023 ERailton
Next review	January 2024

Introduction

St Mary's College is committed to safeguarding and promoting the welfare of children and young people. We are committed to ensuring that all staff responsible for the intimate care of children/ young people will undertake their duties in a professional manner at all times. The Intimate Care Policy and Guidelines regarding children and young people have been developed to safeguard children and staff. They apply to everyone involved in the intimate care of children.

Intimate care is, *"any care which involves assisting a child to go to the toilet. To change his or her soiled clothing or carrying out an invasive procedure, such as cleaning a child after he or she has soiled him/herself"*. This policy applies to all staff undertaking personal care tasks to children; particularly to those children in Key Stage 3, Key Stage 4 and Key stage 5. Within this age group, there are vulnerable groups of children and young people that may require support with their personal cares on either a short, longer-term or permanent basis due to Special Educational Needs and disability, medical needs or temporary impairment.

2. Aims and Objectives

This policy aims:

- To provide guidance and reassurance to staff and parents/carers.
- To safeguard the dignity, rights and well-being of children.
- To assure parents/carers that staff are knowledgeable about intimate care and that their child's individual needs and concerns are taken into account.

3. Principles of Intimate Care

The following are the fundamental principles of intimate care upon which our policy guidelines are based.

Every child has the right to:

- Feel safe.
- Personal privacy.
- Be valued as an individual.
- Be treated with dignity and respect.
- Be involved and consulted on their own intimate care to their level of understanding (see appendix 1 questionnaire).
- Express their views and to have their views taken into account.
- Have levels of intimate care that are appropriate and consistent.

4. Parental Responsibility

Partnership with parent/carers is an important principle in any educational setting and is particularly necessary in relation to children needing intimate care. Much of the information required to make the process of intimate care as comfortable as possible is required from the parent/carer. Whenever possible, prior permission should be obtained from parents before intimate care procedures are carried out. Parent/ carers should be encouraged and empowered to work with staff to ensure their child's needs are identified, understood and met. This will include involvement with Education & Health Care Plans, Pupils Profiles, Intimate Care Plan and any other plans which identify the support of intimate care where appropriate.

Exchanging information with parents is essential through personal contact; by telephone, letter or email.

5. What the School Expects of Parents/Carers:

Parent/carers will endeavour to ensure that their child is continent before admission to school (unless the child has additional needs).

Parent/carers will discuss any specific concerns with staff about their child's toileting needs.

Parent/carers are expected to bring a bag to school containing wipes, nappies, nappy bags and a spare change of clothes if needed.

Parents/carers accept that on occasions, their child may need to be collected from school.

6. Staff Responsibilities

Anyone caring for children, including teachers and other school staff, has a duty to care and act like any reasonably prudent parent. Intimate care routines should always take place in an area which protects the child's privacy and dignity. Children's intimate care routines should always be carried out by assigned members of trained staff. Appropriate support and training will be provided when necessary, from the Community Nursing team, school Nurse, Occupational Therapists, Physiotherapist and for equipment and training in Lifting and Handling, IPaSS. Staff should **not** attempt to carry out any procedure for which they have not been trained and/or advised.

Staff should:

- Have enhanced DBS clearance.
- Have training in child protection.

- Undergo “Moving and Handling” training every 18 months, “Sling and Hoist” training every 6-8months.
- Be First Aid trained.
- Have knowledge of the pupil's condition to help enhance understanding of the pupil's needs.
- Report any problems to the SENDCo or Safeguarding Officer.

Staff will ensure the following steps are taken to ensure the health and safety of both staff and children.

- Child to alert another member of staff by using their radio to contact personal care team for assistance.
- Escort the child to a changing area i.e. designated disabled toilet / PMP room or ask the child to make their own way to the designated area via radio and meet them there.
- Collect equipment and/or clothing if need to and this should be kept in allocated changing areas.
- Personal care assistant to wear gloves and an apron.
- Any soiled nappies to be placed inside 2 nappy bags and then placed in the yellow clinical waste bag provided. This yellow clinical waste bag will then be placed in the room's bin to be collected at the end of the school day and placed in the large yellow clinical waste bin. Plastic aprons and gloves should be disposed of in the designated bin.
- Any soiled clothing to be placed in a carrier bag and kept in the changing room then given to parent/carer at the end of the day or placed in the school washing machine in the Medical room to be washed and dried.
- Whenever possible, children to attempt to dress themselves, wash their own hands with soap, water or hand gel and return to class.
- Adults should wash their hands thoroughly before and after the procedure.
- Changing area should be cleaned and disinfected by adult before and after procedure.
- All intimate care incidents must be recorded on the sheets provided (see appendix 2). This must include the initials of the child's name, date, time, nature of incident, initials of personal care assistants attended. Any concerns or issues must be logged / reported immediately to SEND Care Manager and or Safeguarding Officer.

7. Special Educational Needs and Child Protection Issues

The school recognises that some children with SEND and/or home circumstances may result in children arriving at school with under developed toilet training skills. If a child is not toilet trained because of a disability his/her rights for inclusion are additionally supported by the SEND & Disability Act 2001 & Part 1V of the Disability Discrimination Act 1995. The School's Admissions Code (Department for Education, 2012) states that admissions authorities must not discriminate against or disadvantage disabled children or those with SEND. This is in line with the Equality Act 2010.

If a child's toileting needs are substantially different than those expected of a child his/her age, then the child's needs may be managed through an EHC Plan and an Intimate Care Plan (see appendix 3). A toileting program would be agreed with parents as advised by Health Professionals. Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on a toileting plan. If there is no progress at all over a long period of time, a discussion with the parent/carer is needed and consent for a referral to the school nurse may be required.

Some children may have an EHC Plan before entering school. This will outline the child's precise needs and objectives and the educational provision to meet these needs and objectives. The Plan will identify detailed cares, delayed self-help skills and recommend a plan to develop these skills. The management of all children with intimate care needs will be carefully planned and discussed by all medical professionals already involved. The Parent/carers and SENDCo from primary school, will liaise with the SENDCo from secondary school before transition. Where specialist equipment and facilities above those currently available in the school are required, every effort will be made to provide them in a timely fashion, following assessment by the child's Physiotherapist, Occupational Therapist and IPaSS.

8. Out of School Trips and Clubs

When school trips are being planned, the possibilities for children to be changed or cared for intimately must be considered and all reasonable steps taken to include the child or young person in each activity. This must be demonstrated through the risk assessments for the school trip. IPaSS are able to provide advice for out-of-school visits, including a checklist of procedures to follow if required (see appendix 4).

9. Moving and Handling

Some pupils are ambulant and able to transfer themselves onto a plinth or toilet, but some will require assistance from personal care staff. Various equipment, for example, hoists, transfer slides or grab bars may be used under the direction of trained personal care staff. It is advised that staff involved with "Moving and Handling" procedures should receive generic training from IPaSS every 18months, "Sling and Hoist" training every 6-8months.

www.ipass@hullcc.gov.uk

10. Intimate Care Plan

It is important that pupils are encouraged and supported in order to achieve the greatest degree of independence. An **intimate care plan** should be written and reviewed at least annually, taking into account the pupil's physical condition and any changes in their physical approaches or medication. **It is strongly recommended that consultation and training is sought from appropriate professionals.**

The intimate care plan should contain the following:

1. Name of the child and date of birth
 2. Name of the mother/father/carer/guardian
 3. Address of child
 4. Contact numbers
 5. Child's condition
 6. Where the intimate care procedure will take place
 7. Description of transfer
 8. Procedure, having been agreed by the school and family
 9. Equipment required to carry out procedures
 10. Training received by staff
 11. Signature of the parent/carer/guardian
 12. Signature/s of staff involved with the procedure/s
 13. Date
- (See appendix 5)

11. Intimate Care Facilities

Some settings/schools now have **physical management rooms**. A physical management room is not for the sole use of one pupil as each piece of equipment should be cleaned after use and waste disposed of appropriately. Physical management rooms may have some/all of the following in situ:

- Manual hoists or ceiling tracking hoists which enable a pupil to be transferred from one area to another without an adult lifting the pupil.
- Access slings for transfers which vary in size according to the size of the pupil (each has their own labelled/named sling).
- Transfer boards – straight or curved which enable the pupil to 'slide' across the board instead of using a hoist.
- Handling belt which the pupil wears and the adult holds onto during the transfer.
- Changing bed/plinth which is used when a pupil needs to lie down during any procedure.
- Changing mat.
- Closimat toilet which cleans and dries the pupil.
- Toilet frames are positioned around the toilet and enable the pupil to stand and lower themselves onto the toilet.
- Toilet seat reducers or Rifton which are used when the toilet seat is too large, or the pupil has poor postural security or suffers from anxiety or Muscular Dystrophy.
- Footblock/s which supports the pupil's feet when s/he is sitting on the toilet, so s/he has better balance and security. They are sometimes used to help the pupil get on/off the toilet.
- Fixed grab bars which can be fixed onto one or two side walls, so the pupil is able to hold onto them when getting on/off the toilet. Drop down grab bars are fixed on the back wall and can be lowered/raised as required.
- Washbasin with lever taps so the pupil is able to turn them on/off easily.

- Hand dryer positioned so the pupil is able to operate it independently, if possible.
- Shower areas in physical management rooms to enable a pupil to be showered with privacy.
- Shower seats which are used for pupils who are unable to stand when being showered.

12. Child Protection

Careful consideration will be given to the individual child's situation and needs to determine how many adults should be present during intimate care procedures. Unless requested, we at St Mary's College deliver intimate care with **two personal care assistants present at all times**. When the toileting management plan has been agreed by the child, parent /carer then it will be acceptable for the child named to have one member of staff to assist unless there is a need for safe moving and handling of the child (**always 2 personal care assistants when moving and handling**).

The needs and wishes of the child and parent/carer will be taken into account wherever possible, within the constraints of staffing and equal opportunities legislation.

If a member of staff has any concerns the school's child protection procedures should be followed.

Pupil Satisfaction Questionnaire

Personal Care

1. Do you have a preference for which of the PC assistants helps you with your personal care?

Please state the name of the PC assistant

.....

.....

2. Do you have a preference as to which Toilet/PMP room you wish to use for your personal care?

.....

.....

3. Is there any specific/special equipment you need to use?

.....

.....

.....

4. Are you happy with your personal care support?

Yes

No

.....

.....

5. If you are not happy with your care, would you be comfortable talking to someone? Yes No

If yes, **who** would you be comfortable talking to?

.....

As a personal care team, we will try our best to accommodate your requests. Thank you, from **all** of the personal care team.

Appendix 2

Record of Personal Care Intervention

Week beginning



Pupil's Initials	Date	Time	Comments U F P C S CH or O	PCA Signature

Appendix 3



ST MARY'S
COLLEGE



Hull
City Council



Intimate Care Plan

Name of pupil	
Date of birth	
Address	
Name of parent/carer/guardian	
Name of staff	
Contact number	
Date written	___ / ___ / ____
Review date	___ / ___ / ____
Pupil's condition	
Where the intimate care procedure will take place.	
How the pupil will travel there e.g. walk, wheelchair – self propel/adult oversight.	
What equipment is required and where located.	
Description of the transfer method.	
Adjustment of clothing.	
Method of cleansing including washing hands.	
Appropriate language e.g. names for body parts and functions.	
Number of staff (i.e. one or two).	

Pupil participation (i.e. what can they do?).	
Disposal	
Next target towards independence.	
Signature of parent/carer/guardian	
Signature/s of staff involved with procedure/s	

UPDATED 28/02/2022

Risk Assessment / Handling Plan for

Transfer Wheelchair to Plinth for Catheterising /Plinth to Wheelchair

Risk Assessment: Low Risk

When is being catheterised, there are always two/three members of the Health Care Team (HCA) with him/her to assist. The HCAs have been trained in Lifting and Handling, First Aid and in PMP program. HCAs have all observed training in catheterising with Community Catheter Nurse (see training certificate included). Claire Riley has been trained to catheterise via his/ her urethra. The following HCAs are assigned to they are; Claire Riley Health Care Assistant (catheterise), Kerrie Litten (SEN / Care Manager), Sarah Hoggard Health Care Assistant (assist when possible). has chosen his/her PC team.

The equipment you will need:

- Disposable plastic apron
- Disposable fluid-resistant surgical face mask with face visor and or goggles
- Disposable non-sterile nitrile latex or neoprene gloves

THIS MUST BE WORN

DONNING (putting on equipment)

YOU MUST WASH HANDS WITH SOAP AND HOT WATER FOR AT LEAST 20 SECONDS

- Long hair MUST be tied back
- Any Jewellery and or Lanyards MUST be removed
- Any cuts, abrasions, or breaks in the skin MUST be covered up with water-proof dressing

1. DONNING your disposable apron: Pull an apron over your head and tie a fastening waist band around the back with the waistband straps.
2. DONNING your disposable fluid-resistant surgical face mask: Place face mask over your mouth and bridge of the nose. Fasten the top strap above the ears, back of your head. Fasten the bottom strap, back of your neck. The mask SHOULD always be close-fitting covering the mouth and nose. Face visor and or goggles can now be put on.

For extra guidance check the manufacturer's instructions.

THE FRONT OF THE MASK MUST NOT BE TOUCHED WHEN BEEN WORN

3. DONNING your disposable non-sterile nitrile latex gloves: Gloves should be correct hand size, well fitted and extend to cover the wrist.

When entering the room must wash his/ her hands with soap and hot water for at least 20 seconds. Before transfers onto the plinth this must be wiped with Dettol wipes and then used wipes dispose of in yellow clinical waste bag.

From Wheelchair to Plinth

1. 1st PCA / HCA makes sure wheelchair is positioned at the side of the plinth, left side facing the toilet and both his/her brakes are on her wheelchair, or power off his/her powered wheelchair, his/her foot straps are taken off.
6. 2nd PCA / HCA lower the plinth onto the correct height for the transfer.
7. 1st PCA / HCA lower the left side guide but keep the right guide up. will move up the right arm support and side support so he/she can transfer.
 - will remove the body harness on her wheelchair. will remove lap strap. On the command Ready, Steady, Go help to lift/guide..... legs as he/she transfers onto the plinth safely. Do not let go of his/her legs until he/she is in a safe, comfortable seated position on the plinth.
 - 2nd PCA / HCA stand at the opposite side of the plinth so cannot roll or fall backwards. Remove the breaks from the wheelchair and move from the side of the plinth.
8. Make sure both side guides are up in position on the plinth.
9. When is safely on the plinth, adjust the height of the plinth to a comfortable working height for all PC assistants / HCA.
 - is now safely, comfortably on the plinth ready to be catheterised or do PMP. (More detailed notes on catheterisation in Intimate Care Plan)
 - Claire Riley, HCA will make sure equipment for catheterising is out and ready to use. New nappy, catheter tube (sterile casing), wipes and nappy bags.
 - Once catheterised and new clean nappy in place, Claire Riley will make sure the used wipes, nappy and catheter, catheter casing is all disposed of in the 2 x nappy bags provided and placed in a yellow clinical waste bag, peddle bin.

- PCAs / HCA will help guide to stick the nappy tape at either side of the new nappy. PCAs / HCA pull up pants, tights and put splints and shoes back on. will tuck his/her t-shirt in and readjust clothing.

From Plinth to Wheelchair

10. 1st PCA / HCA lower the plinth to a comfortable height for to transfer back into his/her wheelchair, make sure side guides are up.
11. needs to be in a seated position on the plinth.
12. When the plinth is at the correct height, level with his/her wheelchair, and his/her wheelchair is in the correct position with both breaks on, power off, lower the side guide on the left side of the plinth. Make sure his/her wheelchair is as close to the plinth as possible.
13. 1st PCA / HCA help slide legs to the side of the plinth.
14. On the command Ready, Steady, Go help guide legs as he/she transfers to her chair.
 - is now safely back into his/her wheelchair at this point PCAs / HCA will re-attach her foot straps, will lower his/her arms support/rest and bring in his/her side body support, assist to reattach his/her chest harness and ask to put on his/her lap strap.
 - will wash his/her hands with soap and hot water for at least 20 seconds. is ready to leave the New PMP room to go to lunch, break or his/her next lesson.
15. PCAs will wipe down the plinth with Dettol wipes, place in the yellow clinical waste bag.

DOFFING (taking off PPE) Procedure

THIS ORDER OF DOFFING IS CRITICAL TO PREVENT ANY CROSS-INFECTION

- DOFFING non-sterile nitrile latex gloves: Remove gloves as if they are contaminated in the palm of your hand (front, middle of glove). Peeling back the glove from the wrist one hand at a time. Turn the glove inside out as you remove it. Hold the removed glove in the gloved hand and using it inside out peel the second glove turning this inside out as you remove. Both gloves should be inside out and in a small ball, dispose of.
- DOFFING disposable apron: Remove the apron as if the front of the apron is contaminated. Break strap around the neck, fold the top down towards the waistband. Break the straps around the waist

and bring forwards to fold into the front of the folded-down top. Roll the apron into a small ball, dispose of.

- DOFFING Disposable fluid-resistant surgical face mask: Remove face mask as if the front of the mask is contaminated. Undo bottom strap on the neck first. Then remove the top strap, back of the head. Remove the mask using the ties only, dispose of it. Remove goggles, face visor to be cleaned with Dettol wipes and kept in named clear tub ready for re-use.

DISPOSING OF USED PPE

When ALL the PPE is Doffed, dispose of safely into the yellow clinical waste bag provided, seal bag and proceed to wash hands.

YOU MUST WASH HANDS WITH SOAP AND HOT WATER FOR AT LEAST 20 SECONDS

- PCAs / HCA will put Jewellery and lanyard back on from their personal named tub and clean this tub with a Dettol wipe. Take off goggles and or face visor, wipe with Dettol wipes. Place goggles and or face visor in the named tub. Place used Dettol wipes in the yellow clinical waste bag provided. Plinth, tubs and personal goggles and or face visor are now cleaned and ready for re use.

PCAs will have respected the social distancing to the best of their ability whilst carrying out this procedure.

Signed:

Kerrie Litten: SEND/ Care Manager

K Litten.....

Sarah Hoggard: Health Care Assistant

Sarah Hoggard.....

Claire Riley: Health Care Assistant

Claire Riley.....

Risk Assessment / Handling Plan for
Transfer Wheelchair to Plinth for Catheterising /Plinth to
Wheelchair

Risk Assessment Low Risk

When is been transferred into her standing frame there are always two members of the Personal Care team or Health Care Assistants with her to assist. The PCAs / HCA have been trained in Lifting and Handling and First Aid and in her PMP program with guidance from Emma Turgoose her NHS school physiotherapist. The following PCAs / HCA are assigned to they are; Kerrie Litten (SEND / Care Manager), Sarah Hoggard, Claire Riley, Claire Larke, Jayne Rudd and Linda Lannigan.

The equipment you will need:

- Disposable plastic apron
- Disposable fluid-resistant surgical face mask with face visor and or goggles
- Disposable non-sterile nitrile latex or neoprene gloves

THIS MUST BE WORN

DONNING (putting on equipment)

YOU MUST WASH HANDS WITH SOAP AND HOT WATER FOR AT LEAST 20 SECONDS

- Long hair MUST be tied back
 - Any jewellery and or lanyards MUST be removed (placed in personal / named tubs provided)
 - Any cuts, abrasions, or breaks in the skin MUST be covered up with water-proof dressing
1. DONNING your disposable apron: Pull apron over your head and tie fastening waistband around the back with the waistband straps.
 2. DONNING your disposable fluid-resistant surgical face mask with face visor: Place face mask over your mouth and bridge of the nose. Fasten the top strap above the ears, back of your head. Fasten the bottom strap, back of your neck. The mask SHOULD always be close-fitting covering the mouth and nose. Place on personal goggles and or face visor

For extra guidance check the manufacturer instructions.

THE FRONT OF THE MASK MUST NOT BE TOUCHED WHEN BEING WORN

3. DONNING your disposable non-sterile nitrile latex gloves: Gloves should be correct hand size, well fitted, and extended to cover the wrist.

When entering the room must wash her hands with soap and hot water for at least 20 seconds. Before transfers onto the plinth and standing frame these must be wiped with Dettol wipes and then used wipes dispose of in yellow clinical waste bag.

From Wheelchair to Plinth

- 1st PCA / HCA makes sure wheelchair is positioned at the side of the plinth, left side facing the toilet and both her brakes are on her wheelchair or power off, her foot straps are taken off.
16. 2nd PCA / HCA lower the plinth onto the correct height for the transfer.
 17. 1st PCA / HCA lower the left side guide but keep the right guide up. will move up the arm support and side support out and lift the body harness over her head. will remove the lap strap. On the command *Ready, Steady, Go* help lift/guide..... legs as she transfers onto the plinth safely. Do not let go of her legs until she is in a safe, comfortable seated position on the plinth.
 18. 2nd PCA / HCA stands at the opposite side of the plinth so cannot roll or fall backward. Remove the breaks from the wheelchair and move from the side of the plinth.
 19. With both side guides up put the plinth at the same height as the standing frame.
 20. Lower left side guide and move the standing frame alongside the left side of the plinth. Put all four breaks on the standing frame.
 21. With one PCA / HCA at the bottom of the plinth to guide feet and legs the other PCA / HCA stands opposite side of the standing frame ready to guide onto the standing frame, so she doesn't fall.
 22. On the command *Ready, Steady, Go*, ask to transfer to the standing frame supporting her legs and making sure she doesn't fall.
 23. Once safely in the standing frame and laid down, two waistbands will be attached. Her upper body harness she attaches. Knee supports are attached, and her feet are strapped in with two straps.
 24. PCAs / HCA check each other's straps. When everyone is happy and feels safe, is ready to use the controls.
 25. is given the controls to the standing frame, so she can move from a lying position to a standing position.

26. Once both PCAs /HCA are happy she is strapped in safely. tray is slotted in and attached. Tray attached with a three-finger gap left so as not to restrict her chest.
27. is ready to do homework.

Transfer from Standing Frame to the Plinth

28. Make sure the plinth and the standing frame are the same height. With the standing frame at the left side facing the toilet make sure all four breaks to the standing frame are on.
29. Detach the tray from the standing frame.
30. will start to lower the standing frame, so she is laying level with the plinth.
31. PCAs / HCA remove the feet straps and knee straps and both waist straps.
32. will unclip her chest harness and with the help of PCA / HCA sit upright on the standing frame.
33. PCA /HCA hold feet /legs ready to transfer. On the command Ready, Steady, Go ask..... to transfer.
34. PCA / HCA move to stand on the right of the plinth making sure doesn't lean or fall to the left.
35. When is safely on the plinth take the breaks off the standing frame and move out of the way.
36. PCA / HCA put up the left-hand rail to the plinth.
37. 1st PCA / HCA lower the plinth to a comfortable height for to transfer back into her wheelchair, make sure side guides are up.
38. needs to be in a seated position on the plinth.
39. When the plinth is at the correct height, level with her wheelchair, and her wheelchair is in the correct position with both breaks on, power off, lower the side guide on the left side of the plinth. Make sure her wheelchair is as close to the plinth as possible.
40. 1st PCA / HCA help slide legs to the side of the plinth.
41. On the command Ready, Steady, Go help guide legs as she transfers to her chair.
42. is now safely back into her wheelchair at this point PCAs/ HCA will reattach her foot straps, will lower her arms support/rest and bring in her side body support, assist to reattach her chest harness and ask to put on her lap strap.
43. will wash her hands with soap and hot water for at least 20 seconds. is ready to leave the PMP room to go to lunch, break or next lesson.

44. PCAs / HCA will wipe down the plinth and standing frame with Dettol wipes, then used wipes are placed in the yellow clinical waste bag.

DOFFING (taking off PPE) Procedure

THIS ORDER OF DOFFING IS CRITICAL TO PREVENT ANY CROSS INFECTION

45. DOFFING non-sterile nitrile latex gloves: Remove gloves as if they are contaminated in the palm of your hand (front, middle of glove). Peeling back the glove from the wrist one hand at a time. Turn the glove inside out as you remove it. Hold the removed glove in the gloved hand and using it inside out peel the second glove turning this inside out as you remove. Both gloves should be inside out and in a small ball, dispose of.
46. DOFFING disposable apron: Remove the apron as if the front of the apron is contaminated. Break strap around the neck, fold the top down towards the waist-band. Break the straps around the waist and bring forwards to fold into the front of the folded-down top. Roll the apron into a small ball, dispose of it.
47. DOFFING Disposable fluid-resistant surgical face mask and or goggles: Remove face mask as if the front of the mask is contaminated. Undo bottom strap on the neck first. Then remove the top strap, back of the head. Remove the mask using the ties only, dispose of it. Remove face visor and or goggles and wipe with Dettol wipes, place in individual's names tub ready for re-use.

DISPOSING OF USED PPE

When ALL the PPE is doffed, dispose of safely into the yellow clinical waste bag provided, seal bag and proceed to wash hands.

YOU MUST WASH HANDS WITH SOAP AND HOT WATER FOR AT LEAST 20 SECONDS

48. PCAs / HCA will put Jewellery and lanyard back on from their personal named tub. Take off goggles and or face visor. Clean goggles and or face visor with a Dettol wipe, place used Dettol wipe in the yellow clinical waste bag provided. Plinth, tubs and personal goggles and or face visor are now cleaned and ready for re use.

PCAs respect social distancing to the best of their ability whilst carrying out this procedure.

Signed:

Kerrie Litten: SEN / Care Manager
Sarah Hoggard: Health Care Assistant
Claire Riley: Health Care Assistant
Linda Lannigan: Personal Care Assistant

K Litten.....
Sarah Hoggard.....
Claire Riley.....
Linda Lannigan.....

Appendix 5
Intimate Care Plan



Name of pupil	
Date of birth	___ / ___ / ____
Address	
Name of parent/carer/guardian	Name of staff 3 named staff trained.
Contact number (Home)
Date first written ___ / ___ / ____	Review date ___ / ___ / ____
Pupil's condition	
Where the intimate care procedure will take place.	New PMP room.
How the pupil will travel there e.g. walk, wheelchair – self propel/adult oversight. has an electric wheelchair and manual wheelchair to access the school site. has requested her friends help to push her to lessons if in her manual wheelchair, SENDCo happy with this, promoting independence. can make her own way to the New PMP room when needed, use her Radio to call PC assistants.
What equipment is required and where located. has a School Radio with her at all times when on site collects from SEN area every morning.
Description of transfer method.	Can transfer herself with PC assistants see Risk Assessment and Handling Plan (Appendix 4).

Adjustment of clothing.	Can adjust her own clothing
Method of cleansing including washing hands. uses soap and water/ hand gel to wash hands.
Appropriate language e.g. names for body parts and functions. uses age-appropriate language.
Number of staff i.e. one or two.	There are always two PC assistants withwhen toileting and for her PMP. They are also has a PEEP.
Pupil participation i.e. what can they do.can transfer herself on/off the plinth when doing PMP and for personal care. Please see (Appendix 4).
Staff involved	3 named staff, all trained to assist with her personal care.
Training received	All named staff are trained in: Catheter training, "Moving & Handling training, Sling / Hoist training , First Aid trained , Safeguarding training, Evac Chair trained, Key Trainer, ResQmat trained for (PEEP) and physiotherapy trained.
Disposal	
Next target towards independence.	
Signature of parent/carer/guardian	Signature/s of staff involved with procedure/s