



From mountain to sea

Intimate Personal Care

Draft guidance for schools, parents, children and young people

September 2017



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Introduction

The purpose of this guidance is to set out a framework in which staff who provide intimate care to children with additional support needs can offer a service and an approach which acknowledges the responsibilities and protects the rights of everyone involved.

The additional support needs of children and young people may arise from a variety of reasons, including learning disabilities, physical, visual, hearing or speech and communication impairments. The children / young people may attend mainstream primary and secondary schools, community resource hubs and enhanced provision centres. In Early Learning Centres intimate personal care is undertaken with young children who require changing as they have not achieved full continence and some may also have specific additional support needs.

When an educational establishment (hereafter referred to as school) is supporting a child / young person with intimate care needs, the appropriate training can be provided by request to NHS Grampian specialist nurses teams.

This guidance applies to everyone involved in the intimate care of children / young people and should be read in conjunction with:

- Aberdeenshire council's policy for [Supporting children and young people with healthcare needs and managing medicines in educational establishments](#)
- [Moving and handling guidance](#)
- [Risk Assessment guidance](#)
- Aberdeenshire council's [Child Protection guidance](#)

Aims

The aims of this guidance are:

- To safeguard the dignity, rights and well-being of children and young people
- To provide guidance and reassurance to staff
- To ensure that parents /carers are involved in planning the intimate care of their child / young person and are confident that their concerns and the individual needs of their child are taken into account
- To reassure parents / carers and the child / young person that staff are knowledgeable about intimate care

GIRFEC

Children and young people have their needs assessed on an individual basis and support will be provided as required in line with [GIRFEC](#). The Getting it Right for Every Child (GIRFEC) is a national approach to improving the Wellbeing of children and young people in Scotland. Aims from GIRFEC which particularly apply in this guidance are:

- Achieve high standards of multi-agency working based on a co-ordinated approach on identifying Wellbeing concerns; assessing need and agreeing outcomes and actions
- Proactively seeking the views of children, young people and their families, providing information and support which encourages involvement

Please refer to [Appendix 6](#) for more information about GIRFEC and the 5 questions, together with [website links](#).

Allied Health Professionals provide targeted interventions to secure outcomes as detailed in [Ready to Act](#) (participation and engagement, early intervention and prevention, partnership and integration, access, and leadership for quality improvement). There is a statutory requirement for education authorities and their partners to work together to ensure the wellbeing needs of the child/young person as detailed in the [Children and Young People \(Scotland\) Act 2014](#).

Partnership and collaboration

The Multi-agency Action Planning Meeting Process (MAAPM) will be the process for partnership and collaboration with a focus on the Child's Plan and the actions within the plan. Schools must closely involve parents / carers and the child / young person in the preparation of intimate care protocols as the primary source of information. NHS Grampian staff will support the drafting of the protocol ([Appendix 1](#)) and provide any specialist training required by school staff (e.g. gastrostomy feeding). It is essential that regular consultation with parents and other agencies is scheduled for updating information and ensuring best practice. All intimate care procedures should be risk assessed ([Appendix 3](#)).

The Head Teacher must ensure that a record is kept of staff training for procedures ([Appendix 2](#)) and that updates are completed in line with best practice.

Protocols for administration of medicines, including emergency medication such as rectal diazepam are in the appendices of the Aberdeenshire council policy [Supporting children and young people with healthcare needs and managing medicines in educational establishments](#).

Definition of Intimate Care

Intimate Care is any care which involves washing, touching or carrying out an invasive procedure that most children/young people would carry out for themselves but which some are unable to do due to physical disability, additional support needs associated with learning difficulties, medical needs or needs arising from the child's stage of development.

Intimate Care may involve help with drinking, eating, dressing and toileting. Help may also be needed with changing stoma bags, catheterisation and other such processes. It also includes the administration of invasive medication and some Therapy programmes.

Examples include:

- Washing
- Dressing and undressing (including swimming)
- Support eating (including tube feeding)
- Administering medication (e.g. rectal diazepam)
- Toileting and menstruation
- Therapy exercise programme/moving and handling
- Massage/intensive interaction
- Dental hygiene
- Care of tracheostomy
- Applying topical medicines (e.g. sun creams, eczema creams)

In most cases Intimate Care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process. In the case of a specialised procedure only a person suitably trained by NHS Grampian staff and assessed as competent should carry out the procedure.

Staff providing Intimate Care must be aware of the need to adhere to good Child Protection practice in order to minimise the risks for both children /young people and staff. It is important that staff are supported and trained so that they feel confident in their practice.

Roles and Responsibilities

Roles

The Head Teacher is the Named Person and is accountable for all aspects of health and safety in the school although some aspects may be delegated to other teaching staff.

When a child/young person is identified as having intimate care needs (and some aspects referred to school nurses and other health staff), the Head Teacher is responsible for ensuring the following actions:

- Child protection training for all staff
- Assessing all the needs of the tasks to be carried out with parents/carers and all professionals
- Writing and updating protocols, with advice from relevant professionals
- Organising training for staff in intimate care and for any specific interventions required
- Organising training around any specific equipment use.

These guidelines deal specifically with intimate care but at this stage any relevant moving and handling needs/responsibilities or training around administration of medicine, ([Supporting children and young people with healthcare needs and](#)

[managing medicines in educational establishments](#)) would also need to be considered.

Aberdeenshire council has public liabilities insurance and provided procedures are followed in line with documentation the Council will indemnify staff who undertake intimate personal care with children and young people. This insurance includes all aspects of meeting healthcare needs as specified in the Aberdeenshire policy.

Management responsibilities

- Management in schools will work in consultation with the parents/carers and NHS Grampian professionals in the development of individual Intimate Care protocols. In addition management including school nurses in Early Years Centres will also work in consultation with Named Health Visitors in the development of individual Intimate Care protocols for children with Additional Support Needs. A hand-over from a Health Visitor as Named Person for pre-school, to the Head Teacher as Named Person for children 3-18 years should be arranged in advance of admission to education.
- To ensure that staff receive on-going training in good working practices as part of the Child's Plan which complies with health and safety regulations such as hygiene procedures; moving and handling; awareness of medical conditions and associated first aid/ child protection procedures; and other aspects of Intimate Care. The Lead Professional will have the role of managing the Plan.
- To keep a record of training undertaken by staff and to ensure that refresh and updating training is provided where required.
- To provide an Induction programmes for all new staff and to ensure that they are made fully aware of the individual Intimate Care protocols for the children and young people they are supporting.
- To ensure that all new staff are familiar with the school's Intimate Care policy and relevant individual Intimate Care protocols and that they receive the appropriate assistance from experienced staff to provide the children and young people they are supporting with the Intimate Care as outlined in their individual protocols.
- Provision of wipes, gloves, aprons and any cleaning materials for staff use

Staff responsibilities

- Staff must be familiar with the Intimate Care policy/procedures. This means that the protocol must be shared with and followed by all staff involved in supporting the child/young person.
 - Staff must adhere to health and safety and intimate personal care policies and procedures and must report any health and safety concerns to management within their establishment.
 - Designated staff will liaise with parents/carers and other appropriate services over the development and implementation of the agreed Intimate Care protocol.
-

- Designated staff, as part of the Child's Plan will liaise with other professionals regarding specific aspects of Intimate Care (e.g. physiotherapy) and their advice will be included in the child or young person's individual Intimate Care protocol.
- Designated staff will take part in training for any aspect of Intimate Care Support.

Parent/carer responsibilities

- Provision of disposable nappies/pull-ups, wipes and any creams for the school to use in changing the child/young person
- Provision of catheters and all other equipment
- Provision of one or more changes of clothes as appropriate to needs in case of toileting accidents
- Provision of plastic bags for returning of soiled clothes – these should be capable of being sealed.
- Washing of soiled clothes

Child/young person responsibilities

- To work with the supporting adult, demonstrating as much independence with the process as possible
- To communicate (if able) with the supporting adult in order to ensure that needs are met

Facilities

Facilities appropriate to the individual needs of the child and the intimate care required should be made available within the school. This includes access to a discreet area within the building for gastrostomy feeding; access to accessible toilets, plinths and equipment for toileting needs; and to appropriate PE/swimming changing facilities. At all times the dignity and wellbeing of the child/young person must be considered.

For physical adaptations to buildings Head Teachers can refer to the Quality Improvement Manager Additional Support Needs and to their Business Support Officer.

Best Practice

All staff providing support should use best practice guidelines:

- The child / young person should be allowed to care for him / herself as far as possible to **foster independence**. Targets may be part of an IEP as well as within the Child's Plan for the child / young person to develop their skills

- **Facilities should be available** which are appropriate to the child or young person's age and individual needs
- Supporting **adults should show awareness and be responsive** to the child / young person's reactions and use relevant language, signs, symbols, photographs or objects to communicate before, during and after the care process. Staff should work in a reassuring, supportive and focused manner.
- Supporting **adults should** use the opportunities during intimate personal care to **teach** the child / young person about the **value** of their **own body**, develop **personal safety skills** and enhance **self-esteem**
- Supporting staff should ensure that there are **regular communications** with parents/carers regarding achievements of targets and information about intimate personal care i.e. how well a child has eaten, bowel movement, menstrual cycle. Depending upon the sensitivity of the information, it may be relayed via a home-school diary or through a telephone call, sealed note or personal contact.
- Supporting staff should understand parental and cultural preferences and take these into account, and some of this information may form actions within the Child's Plan. They must maintain **confidentiality and dignity for the parent/carer** to ensure compliance with the Equalities legislation in the dissemination of information

Advice on general procedures

For advice on hand hygiene, dressing/undressing, supported eating including gastrostomy and jejunostomy, spoon feeding, dental hygiene, toileting and menstruation, therapy / moving and handling procedures, massage and intensive interaction please refer to the information in [Appendix 4](#)

NHS Care plan for children with enteral tubes in schools

For information and the pro forma for a care plan provided by NHS Grampian for children with enteral tubes in schools, please refer to [Appendix 5](#).

Appendix 1: Individual Pupil Protocol for a child/young person with intimate care needs

Name of Pupil Date of Birth

Additional support need

Class/ Form

Contact Information

Family contact 1

Name
Phone No: (home) (work)
Relationship

Family contact 2

Name
Phone No: (home) (work)
Relationship

General Practitioner

Name
Phone No

Clinic/Hospital Contact

Name
Phone No

Protocol prepared by:

Name	
Designation	Date

Agreed with:

- ✓ Parents / carer
- ✓ Community paediatrician / GP / specialist nurse
- ✓ School nurse

To be reviewed by date:

Describe condition and give details of pupil's individual requirements:

--

Equipment required (if appropriate) and where it is stored in school

--

Details of the process to be followed:

Arrangements for changing:
Arrangements for toileting:
Other arrangements (e.g. feeding):

Agreed time/s for the procedure/s

--

Possible risks with the procedure/s and action to be taken in an emergency

--

Members of staff trained to provide intimate care for this child / young person
(State if different for off-site activities and write name staff against specific procedures)

--

I give permission to the school/centre to provide appropriate intimate care to my child e.g. changing, toileting, feeding, showering, medical support or other.

I agree that the information contained in this protocol may be shared with appropriate individuals involved with the care of *Name of pupil*

Signed *Parent or Guardian (or pupil if above age of legal capacity)*

Date

Contact information for those responsible for the plan

Designation	Name	Contact details
Named Person		
Lead Professional		

Appendix 2: Staff Training Record

STAFF TRAINING FOR THE DELIVERY OF INTIMATE CARE

This form is for recording medical training for staff

Name:

Type of Training
Received:

Date Training
Completed:

Training Provided
By:

I confirm that has received the training detailed above and is competent to carry out any necessary treatment.

Trainer's signature: Date:

I confirm that I have received the training detailed above.

Staff signature: Date:

Suggested Review
Date:

Appendix 3: Risk assessment for the delivery of intimate care

Pupils Name:			
Year Group/ Class:			
Risk Assessment Undertaken By (list all contributors):			
Named Person			Lead Professional

Hazard / Risk	Procedure / Objective	Person/s Affected	Risk level before controls are in place			Initial control measures	New / further control measures required	Risk level with controls in place		
			L	M	H			L	M	H

List any activities which cannot be safely managed, as far as it is possible to foresee:

Risk Assessment Undertaken By:		Signed:	
Date risk assessment completed:		Review date:	

Appendix 4: General procedures

Hand Hygiene

Good hand washing is the single most effective way of stopping germs from getting into our bodies and causing infection.

Liquid soap is better than solid soap because it is less likely to become contaminated.

In some circumstances it may be necessary to disinfect with an alcohol disinfectant solution e.g. when a child has an infectious disease.

Disposable paper towels are the best option for drying hands because damp towels can harbour germs.

Don't assume children know how to wash their hands.

Hand washing procedure

- 1 Wet hands under warm running water.
- 2 Apply a small amount of liquid soap.
- 3 Rub hands together vigorously ensuring soap and water is applied to all surfaces of the hands. Be sure to rub between fingers, the palms and the back of the hands.
- 4 Rinse hands under running water.
- 5 Dry hands, preferably using paper towels.

Never allow children to eat without showing you their washed hands

[Infection Prevention and Control in Childcare settings \(Day Care and Childminding settings\)](#). Health Protection Scotland September 2015 includes guidance on hand washing.

Dressing (Including swimming)

Ensure facilities provide privacy and modesty e.g. separate toileting and changing for boys and girls or at least adequate screening. Separate changing cubicles should be available for swimming sessions.

Pupils should be encouraged to dress/undress themselves independently.

There should be a clear plan, appropriate to each individual for un/dressing for those who require supervision.

When using Public Facilities e.g. staff should be aware in advance of the nature of the facilities, and to ensure the dignity of each participant in the activity.

Procedure for undressing and dressing pupils who require full support: (swimming or when soiled)

Ensure privacy before procedure

- 1 Remove clothing from lower body first
- 2 Put on swimming costume/or wash as required
- 3 Ensure lower regions are covered before removing garments from upper body
- 4 Encourage pupil to assist whatever way possible
- 5 Refer to moving and handling procedure for safe movement of pupil and safety of staff
- 6 Refer to swimming pool procedures for further information.

Supported Eating (including gastrostomy/jejunostomy feeding)

Eating is a social occasion

Positioning: a clear description, agreed by the team involved as to where the pupil will eat meals

Communication: individually chosen for each pupil - such as object of reference, to indicate to them that it is time to eat

Pupils should be encouraged to eat as independently as possible and make choices where appropriate

Procedure for supported eating

- 1 Ensure pupil is well positioned in chair in a stable upright position (preferably with feet on the floor)
- 2 If protection for clothing is required it should be appropriate to the age of pupil i.e. disposable paper napkin
- 3 Use communication i.e. object of reference at this point
- 4 Follow each pupil's guidelines for feeding
- 5 Dry hands, preferably using paper towels

Liaise with Occupational Therapy for further advice

Gastrostomy / Jejunostomy feeding

A gastrostomy is a surgical opening through the abdomen into the stomach. A feeding device is inserted through this opening allowing a child to be fed directly into their stomach. A jejunostomy is where a child is fed directly into the jejunum (the small bowel). These types of feeding may be used for medicines or fluids as well as feeds.

All staff caring for children/young people with a gastrostomy or jejunostomy tube should attend training from NHS Grampian to be able to safely administer gastrostomy or jejunostomy feeds.

The procedure for each child will be specific to their needs and provided by the specialist nurse, please refer to the child's protocol for exact requirements.

The following is an example for gastrostomy feeding via a PEG tube:

Wash your hands and ensure that you have a clean surface to work on.

1. Collect all of the equipment you are going to need.
2. Wash hands again.
3. Put the required amount of feed in the delivery bottle if a pump is being used, connect and prime (run the feed through) the tubing to expel all air.
4. Place the feeding set in the pump if appropriate.
5. Flush the PEG tube using 5-10mls of cooled boiled water to ensure that it is not blocked, clamp the tube.
6. If you are not using a feed pump attach the syringe directly onto the PEG tube.
7. Unclamp the PEG tube and allow the feed to run in.
8. Tube feeds should be given as directed by the dietician.
9. Clamp tubing and disconnect feeding equipment.
10. Once the full feed has been delivered, flush through using 5-10mls of cooled boiled water to remove any remaining feed from the tube.

Spoon Feeding

Positioning: ensure that the child is well positioned in his/her chair in a stable, upright position and that his/her head is in the mid-line and aligned with his/her body.

Communication: i.e. object of reference: spoon and his/her bib

Procedure for supported spoon feeding

- 1 Give the child his/her signifier for the mealtime and allow him/her to smell the food he/she is about to taste.
 - 2 Take the spoon to child's mouth and hold it still just in front of his/her mouth so that he/she is aware of where it is. Let him/her choose to touch it and see it.
-

- 3 Allow pupil to come forward and taste the food of the spoon and move away from it as he/she pleases.
- 4 Do not force him/her to eat the food. Let it be on his/her own terms.
- 5 Given time, the pupil may bring his/her own hand to the spoon and guide it to his/her mouth.
- 6 When placing the spoon inside child's mouth apply firm pressure downwards and slightly back on his/her tongue with the bowl of the spoon.
- 7 Hold the spoon still and wait for a reaction.
- 8 Look for child's upper lip to come downwards towards the spoon.
- 9 Remove the spoon on a horizontal angle and try not to scrape the food off his/her teeth and upper lips.
- 10 Allow the child plenty of time to finish one spoonful completely before giving him/her another spoonful.
- 11 If the child tightens his/her lips and clenches his/her teeth on presentation of the spoon, do not try to force him/her. Acknowledge that he/she has communicated that he/she is finished.

Dental Hygiene

The Child Smile tooth brushing programme has developed National Standards for Tooth brushing during Early Years and Childhood.

[The Child Smile website](#) contains much useful information.

This link takes you to detailed guidance for [Early Years and School settings](#)

Toileting and Menstruation

Guidelines

Provide facilities, which afford privacy and modesty, with a separate toilet for girls and boys. These should be clearly marked. Screening should be provided where necessary e.g. when an individual requires nappy changing.

There should be sufficient space, heating and ventilation to ensure the individual's safety and comfort.

There should be appropriate and specialised toilet seats provided for the size and physical needs of the child or young person. A step may be necessary for younger children. NHS Grampian occupational therapists will advise as required and resources may be purchased via the QIM ASN

Staff must receive training in good working practices, which comply with health and safety regulation, such as wearing of appropriate disposable gloves for certain procedures and methods of dealing with body fluids.

Ensure that adequate facilities are provided. Such as toilet paper, liquid soap, paper towels, "potties" bin for disposal of soiled pads.

Supplies of suitable cleaning materials must be provided for cleaning and disinfecting areas.

Items of protective clothing such as disposable gloves and aprons must be provided and readily accessible.

Supplies of fresh clothes should be available when required.

Some children may only have a single or infrequent occurrence of soiling. Good practice would recommend schools ask all parents to annually sign a permission slip which includes toileting to ensure the school has the parent's agreement to assist their child. Where a child has the need to be assisted regularly there should be an intimate care protocol in place. This protocol should be written in collaboration with parents and professional involved and where ever possible with the child or young person. This protocol should be based on a risk assessment of all aspects of the task to be carried out. Any issues, such as staffing required for the task should be based on that risk assessment. This protocol should be reviewed regularly especially when any circumstances change.

Some children and young people may prefer to be changed by a single member of staff for reasons of privacy and dignity. Where an individual expresses a clear preference this must be respected if possible. It is acceptable for a single member of staff to change a child providing they ensure that:

- Another member of staff is aware of what is happening.
- The event is recorded and initialled by the member of staff who changes the child. Any issue or problem, such as bad nappy rash, which may have arisen or been noticed should also be recorded. This should be shared with the parent/carer and a copy of the written record supplied.
- The task has been risk assessed as being safe for one person to carry out

It may be necessary, however, to have more than one member of staff to help while toileting a child or young person because of health and safety or other considerations. Children who are heavier and with physical disabilities may require hoists and a hydraulic changing table and these should be provided. Staff must be trained in the use of these aids and equipment.

All staff must be made aware of good hygiene and its implications and clear up bodily spills using an approved procedure.

Therapy Programmes/Moving and Handling Procedures

For some children and young people Therapy programmes and moving and handling procedures are advised by qualified Therapists and regularly delivered by school staff. Parents/carers, Health and Education personnel involved should agree all aspects of the programme. Many exercises involve touch and should be carried out in line with the professional advice. It is recommended that the Therapy is demonstrated and cascaded within the team around the child.

Regular consultation with all parties is recommended, in order to identify any changes required and on-going training to be given as and when required. Any agreed moving and handling procedures should be followed at all times. It is the responsibility of individual staff to monitor his/her own safety at all times and continually assess the risks involved.

Massage and Intensive Interaction

Massage

Massage is often used with children and young people who are uncertain about touching and exploring objects and about being touched by others. If the individual's main route to communicating will be signing, and he or she dislikes being touched or touching, then awareness and tolerance of touch will be an important step towards learning to communicate.

In these circumstances massage is often considered as a means of relaxation and of experiencing touch in a positive context. When using massage staff need to understand that the child or young person becomes more vulnerable. Massage should therefore be carried out within a relationship of trust, built up gradually with staff who already know the child or young person and who can interpret his/her behaviour and respond appropriately. Most guidance recommends that massage be restricted to areas of the body such as the hands, feet and face.

Intensive Interaction

Intensive Interaction is an approach to helping people with significant and complex needs to learn more about communicating and relating. In carrying out Intensive Interaction activities the member of staff attempts to create enjoyable and understandable interactions with the other person.

When using Intensive Interaction staff need to understand that the child or young person becomes more vulnerable. Intensive Interaction should therefore be carried out within a relationship of trust, built up gradually with staff who already know the child or young person and who can interpret his/her behaviour and respond appropriately.

Body Signing

For some individuals with significant and complex needs and/or severe and multiple sensory impairment Body Signing, involving repeated touching, may be the recommended means of communication. The usual procedures for involving parents/carers in planning, recording consent, and reviewing methods and progress should be followed.

Massage, Intensive Interaction or Body Signing should only be used with a child or young person where it is an agreed approach and is included within the Individual

Education Plan, Communication Passport or other planning document. Use of massage should be recorded.

Personal Care for children in Early Years Settings

1. Changing Children

The following principles and practices are based on advice from the Care Inspectorate and Health Protection Scotland and should be part of the Child's Plan where required.

See [Toilet, Potty and Nappy Changing](#) for Health Protection Scotland guidance.

See [Care Inspectorate Nappy Changing Guidance](#)

It is acceptable and expected, for a single member of staff to change a child providing they ensure that:

- Another member of staff has been informed
- The task has been risk assessed
- The parents/carers have given permission

A changing mat on the floor is acceptable providing the child's privacy and dignity is maintained at all times.

Do not leave bathroom doors open where another child could see the child being assisted.

Changing on a mat on the floor is preferable to lifting young children onto a fixed height baby changing station when this would contravene 'Moving and Handling' guidance.

Ensure changing mat is of an adequate size for a young child to lie on and is in good condition (do not use if it is torn or broken).

Provide the minimum assistance necessary, promoting the child's independence.

Always use gloves and aprons when changing a child or assisting with toileting.

Staff must wash hands prior to, and after assisting a child, even when wearing gloves. Encourage or assist children to wash and dry hands after changing or assisting with toileting.

Always clean changing area using a disinfectant spray and dry the surface, after each change.

2. Disposal of disposable nappies/pull ups or 'real nappies'

Nappy disposal: after disposing of any solid waste matter, double bag soiled nappies and dispose of these in a separate lined nappy bin, bag up and put in main waste bin at end of day.

Soiled clothes should be double bagged and given to the parent/carer/childminder at the end of the day. If using non-disposable nappies, any solid waste should be

disposed of before double bagging, labelling with the child's name, and given to the parent/carer/childminder.

3. Supply of changing materials

Parents/carers are responsible for providing the setting with nappies/pull ups, wipes and cream should it be needed (clearly labelled with the child's name).

The Early Years Setting will provide gloves, aprons, antibacterial wipes and changing mat.

It is advisable that all parents supply a change of clothes (labelled with child's name) particularly underwear and trousers/skirts, for the child.

4. Permission from parents/carers

All settings must receive permission from parents to undertake personal care of their children. This should be gathered at enrolment with other permissions such as sun cream application and face paints. Many young children, even if they are toilet trained have 'accidents' so to capture everyone who may need assistance, all parents should be asked to give permission even if it is not anticipated that personal care will be necessary.

For children who are in nappies or 'pull ups' an intimate care protocol should be written in collaboration with the parents to be clear how and when the child should be assisted. Any protocol should be reviewed regularly or amended when circumstances change. This protocol must be shared with all adults likely to carry out tasks to ensure consistency of practice.

5. Working to Support to parents/carers

If a child has repeated accidents or appears delayed in toilet training, discussion should be held with the parents/carer and, if necessary the Named Health Visitor should be included to support the parents and child with continence.

6. Recording and informing parents/carers

Parents/carers should always be informed if a child is changed or assisted with toileting.

Settings should record:

- Time child is changed
 - Status of the change (soiled/wet)
 - Any soreness/rash noted
 - Initialled by the member of staff changing
-

7. Sun Care

Parents/carers are expected to apply sun cream to their children BEFORE bringing them to nursery. Parents should be asked to supply a clearly labelled sunhat for their child/ren.

Early Years Centres are not permitted to apply sun creams other than those supplied by parents for the child's use.

Consent should be gained from parents/carers at enrolment.

See [Cancer Research Sun Protection Policy](#)

Appendix 5: NHS Care Plan for children with enteral tubes in schools**CARE PLAN FOR CHILDREN WITH ENTERAL TUBES IN SCHOOLS**

CHILD NAME.....

CHILD DOB.....

TYPE OF ENTERAL TUBE.....

Feeding regime as per parent's instruction.

Time of Feed	Feed and Volume	Flush and Volume	Additional Instructions

Procedure for syringe bolus feeding for a button gastrostomy/PEG gastrostomy tube

1. Wash hands and adhere to strict hand hygiene throughout procedure
 2. Collect all equipment required
 3. Check expiry date of feed if pre-packed or date made by parents
 4. Fill extension tube, if required, with cooled, previously boiled or sterile water
 5. Attach extension tube to gastrostomy button and flush gastrostomy with 5-10ml of cooled, previously water or flush PEG tube with 5-10ml of water
 6. Remove plunger from 60ml enteral syringe and attach syringe to giving set/PEG tube
 7. Fill syringe $\frac{3}{4}$ full with appropriate feed, open clamp on extension set/PEG tube and allow feed to run in, topping up syringe until full volume has been given
 8. When all feed given, flush tube with appropriate volume of water
 9. If any medications are given they must be tube must be flushed with water before, between and after any medications.
-

10. Disconnect extension tube from gastrostomy button, wash in soapy water, rinse and air dry.

Procedure for Pump bolus feeding for a button gastrostomy tube

1. Wash hands and adhere to strict hand hygiene throughout procedure
2. Collect all equipment required
3. Check expiry date of feed if pre-packed or date made by parents
4. Fill extension tube, if required, with cooled, previously boiled or sterile water
5. Fill infinity pump giving set if not already done so by parents
6. Attach extension tube to gastrostomy button and flush with 5-10ml of water or flush PEG tube with water
7. Attach Infinity Pump giving set to extension tube
8. If required set volume to be infused on pump
9. When feed complete disconnect giving set and flush extension tube/PEG tube with appropriate volume of water.
10. Disconnect extension tube from gastrostomy button, wash in soapy water, rinse and air dry.

Procedure for Continuous Pump Feeding

1. Feed should already be connected when child arrives for school
2. If medications required stop pump, flush with appropriate volume of water then administer medications flushing with water in between each medicine and after all have been given then re-start the feed.

Problem Solving

1. **Problems with the feeding tubes remain the responsibility of the parents at all times.**
 2. Ensure all children have a spare gastrostomy/jejunostomy button/ tube kept in school at all times. (if child has a freka or corflo PEG tube no spare is required, child will require to be taken to RACH)
 3. If tube becomes blocked, flush with warm previously boiled water using a gentle push/pull movement, which may take up to 20 minutes. If unable to clear blockage, contact parents to arrange change of tube.
 4. If tube falls out contact parents to arrange for new tube to be inserted. If unable to contact parents or parents cannot attend within 30 minutes child must be taken to A&E for new tube to be inserted – **please take child's spare tube to hospital with you.**
 5. If parents wish for tubes to be placed in sterilisation solution, they must provide container and sterilisation tablets and use following manufacturer instructions.
-

School Doctor/Nurse

Print Name.....

Signature.....

Parent/Carer

Print Name.....

Signature.....

Date signed..... Review

date.....

EFS doc 10.15



Appendix 6: GIRFEC information and the 5 questions

What I need from people who look after me: Everyday care and help

This is about the ability to nurture which includes day-to-day physical and emotional care, food, clothing and housing. Enabling healthcare and educational opportunities. Meeting the child's changing needs over time, encouraging growth of responsibility and independence. Listening to the child and being able to respond appropriately to a child's likes and dislikes. Support in meeting parenting tasks and help carers' own needs.

The Five GIRFEC Questions

A child or young person's Wellbeing is influenced by everything around them, and by different needs they will have at different points of their life. Wellbeing concerns may arise from a child or young person's individual experiences or circumstance, or be posed by the impact of a family member or significant person's situation (this could include a non-resident partner of a parent/carer, or a peer).

When a Wellbeing concern is identified or raised for a child or young person, you should ask yourself the 5 GIRFEC questions:

1. **What is getting in the way of this child or young person's wellbeing?**
2. **Do I have all the information I need to help this child or young person?**
3. **What can I do now to help this child or young person?**
4. **What can my service or organisation do to help this child or young person?**
5. **What additional help, if any, may be needed from others?**

If you don't have all the information you need, you may need to gather further information either by speaking with the child or young person themselves, their parents or carers, or from other people within your own, or other agencies. This will ensure you have as full a picture as possible to inform your own assessment, and informs any Request for Assistance made to other agencies if needed.

Findings from recent Significant Case Reviews tell us that sharing the right information at the right time can help improve outcomes for children, young people and their families. It can often help prevent low level concerns growing into more serious or entrenched difficulties. In the majority of cases, Wellbeing concerns should be openly discussed with the child, young person, family members or other person, including explicit discussions* around what information may need to be shared, why, and with whom.

**Unless there are child protection concerns*.*

Child Protection Prompt: If at any point concerns are raised which suggests a child or young person is at risk, of harm or neglect, or potentially at risk of harm or neglect, Child Protection Procedures must be followed without delay.

Please refer to the [Aberdeenshire GIRFEC](#) website for more information.

References

Children and Young People (Scotland) Act 2014 Scottish Government (2014)
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Getting it right for every child (GIRFEC) Scottish Government (2012)
<http://www.gov.scot/Topics/People/Young-People/gettingitright>

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<http://www.gov.scot/Publications/2005/08/0191408/14278>

Intimate care policy and guidance. The Highland Council (2016)
www.highland.gov.uk/download/meetings/id/42411/item9policydocumentpdf

Living with a gastrostomy feeding device. Published online by Great Ormond Street Hospital (2014)
<http://www.gosh.nhs.uk/medical-information-0/procedures-and-treatments/living-gastrostomy-feeding-device>

Ready to Act – A transformational plan for Children and young people, carers and families who require support from allied health professionals Scottish Government (2016)
<http://www.gov.scot/Publications/2016/01/1324/3>

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This guidance was written by the Education and Children’s Services Additional Support Needs Team

Version	Status	Date	Reason for update
1.0	Draft guidance	September 2017	New guidance
1.9	Draft Guidance	September 2017	Update to Named Person information

