



HYGIENE AND CLOSE PERSONAL CONTACT POLICY

Agreed by Governors on; 19.01.2015

Signed by Chair of Governors: Sally Birkbeck

Sally Birkbeck

Statutory policy NO

Frequency of review period; 3 Years

Document History

Date	Description
10/10/2011	Agreed by Governors
20/01/2014	Agreed by Governors
19/01/15	Amendments approved by Governors
01/01/18	Review Due

Rationale

The rationale behind this paper is to provide guidance and support for the safeguarding of staff and pupils.

Purpose

The purpose of the policy at Delius Special School is to:

- uphold pupils' rights to privacy and dignity;
- ensure that medical emergencies are dealt with appropriately, efficiently and by staff members with the correct level of experience and training
- identify situations which have elements of close personal/intimate contact;
- recognise the responsibilities of adults involved;
- safeguard pupils and adults from any misinterpretation of action;
- ensure consistency of action whilst being sensitive to individual need;
- encourage independence and choice for pupils;
- maximise learning opportunities.

Child Protection Procedures supported by rigorous selection and recruitment procedures including DBS checks.

Physical contact with children and young people is essential to support their emotional development. Delius Special School recognises this and in order to clarify and support the work of all practitioners in school, this policy will outline where forms of physical contact are likely to occur. Professionals in this school cannot sacrifice their judgement and common sense about how best to support teaching and learning by abdicating these responsibilities. Any form of physical contact in this school is respectful and dignified. Physical contact to control or restrain pupils is addressed separately in the Care and Control policy.

Staff also understand that pupils for whom physical contact is perceived to be invasive, for example some pupils with Autistic Spectrum Condition. Such contact, albeit vital to learning, will be in the pupils own time and on their terms.

Delius Special School encourages social interaction between pupils which may involve physical contact. Physical contact is a part of everyday life of our School that individual circumstances may need to be assessed "on the spot". All staff should be mindful of how a situation is perceived by other staff, students and onlookers.

The nature of our pupils' needs necessitates a wide spectrum of physical contact in many different circumstances.

Intimate care/assistance and activities requiring close personal contact can be identified as any personal care/assistance that involves an individual's personal space. The following are some of the more frequent times when close contact is required at Delius:

- Moving and handling and positioning in specialist equipment including fitting slings
- Rebound Sessions
- Water confidence – support in the swimming pool
- Intimate care procedures – support in the hygiene suite
- Physical prompts and guidance
- Invasive medical procedures
- Physiotherapy exercise
- Intensive interaction and Sounds of Intent as an early form of communication development
- Putting splints onto hands and feet, especially where massage is essential to relax the limb
- Foot spas and massage
- Tac Pac
- During outside visits to ensure pupil safety
- Hand over hand teaching support
- Putting coats on and off and other times of dressing and undressing (e.g. swimming sessions)

- To provide comfort when pupils are distressed or unwell
- When providing first aid
- When pupils initiate interaction by physically requesting close interaction
- During praise and congratulations
- To support learning for pupils with additional VI and HI
- When making adjustments to wheelchair straps and clothing
- During gastrostomy feeding and winding
- During music and movement sessions

This list is not exhaustive but provides an indication of the range of activities where physical contact is likely to occur.

Guidelines

The following guidelines cover a variety of activities and it must be accepted that there has to be a degree of flexibility and judgment within some situations. The guidelines must be followed in the context of Child Protection, Health & Safety and Disclosure and Barring Service procedures.

Disclosure and Barring Service (DBS) checks – Separate policy

All adults participating in any activities including intimate/close personal contact will have undergone a Disclosure and Barring Service DBS check.

Child Protection

All child protection matters must be reported to the designated person in school responsible for child protection. Procedures should follow the Child Protection Policy.

Currently there is a lead Named Person and a team of other Named People (see flow chart on the website and around school). In the absence of any of these the most senior member of staff will assume responsibility for any Child Protection or **concerns about extremism, child sexual exploitation** or e-safety matters that arise.

Health and Safety

All staff should be aware of and adhere to the general health and safety guidelines as documented by the Local Authority. Appropriate risk assessments should be carried out. Any health and safety concerns or queries should be taken up with the Senior Leadership Team, who will act upon the information.

Providing Medical Support (some guidelines taken from Unison branch advice 2010)

All staff should be aware of the pupils in school who have medical needs. The term we use at Delius is ‘care plan aware’. There is a duty of care for all staff to respond to emergencies. All staff have been made aware of the ‘New Protocol for Medical Emergencies within school’ (appendix 1)

To ensure that the pupils receive medical support in an emergency, there is now a system of Key First Aiders within Delius. Therefore, when a child is in a serious medical condition, there are four experienced and skilled staff members who will attend to ensure that the appropriate procedures and first aid are being implemented.

Only staff who have been trained by the school nursing team can administer medicines. Medicines can only be given to a child if there is an appropriate prescription label.

STAFF WHO HAVE NOT BEEN TRAINED OR VOLUNTEERS SHOULD NOT ADMINISTER MEDICATION.

Affection from Pupils

Some students may attempt to kiss or ‘nuzzle’ staff in acknowledgement of security and happiness and this maybe an important step in his or her development. It may also be a way for students to understand their ‘place in the world’. To not return affection at these times may have a detrimental effect on the individual student’s well being and may cause confusion. Staff will be mindful of redirecting the pupils’ affection by change the contact (for example, into a ‘side hug’) without making the child feel rejected.

Feeding/Eating

1. Only adults who have had dysphasia training should support pupils who require full support at feeding times. This will ensure that pupil’s safety is paramount.
2. People providing full feeding support will focus upon child/children they are feeding
3. Staff teams will all have input into feeding programmes; any concerns (such as coughing during eating) must be reported to the Speech and Language Therapist (SALT) as a matter of urgency.
4. Account must be taken of pupils’ likes and dislikes and normal routine.
5. Hygiene procedures to be adhered to.
6. Pupils dignity will be taken into full consideration; pupils must not leave feeding area with food on their faces. If clothes are especially dirty, they should be changed.

Physical Assistance

1. Staff will give verbal prompts/instructions or a touch cue before moving or handling pupils.
2. Staff will have due regard for instructions given by therapists regarding individual pupils’ movement/transfers, etc.
3. Staff will always use equipment recommended to assist with moving/transfers.
4. Staff will think about their positioning in relation to pupils; to ensure that the way that they are stood does not give onlookers the wrong impression.

Touch Cues to Communicate

Touch Cues (also known as on-body-signs) are simple signs that are formed, in a consistent way, on the body to inform someone that something is about to happen.

Toileting/changing

The following must be taken into consideration:

1. Dignity is paramount. This starts in the classroom, staff will discuss pupils’ toileting needs in a considerate, discrete manner – for example, ‘I am going to go and make xxxxx comfortable’.
2. The need for privacy, whilst being aware of the need to protect staff from allegations and pupils from possible inappropriate touching or abuse.
3. Encourage as much independence as possible using the progression of skills:
 - opportunity
 - dependence
 - co-operation
 - participation
 - supervised independent action
 - independence.

Regulations of Hygiene Room:

- All staff to adhere to hand washing procedure and the use of protective clothing.

- All Hygiene rooms to be fully stocked with aprons, gloves, wipes, body cleansing foam, for staff and pupil safety.
- All Hygiene rooms to be kept in a clean and safe manner. This is the responsibility of all staff.
- All Hygiene rooms to have surface spray and toque roll.
- All staff to be responsible for wiping the bed and surfaces with the surface spray and toque roll to prevent/reduce the risk of cross contamination/infection.
- Wet nappies should be wrapped in a bag. Soiled nappies and sanitary products should be put within two bags.
- All hygiene rooms to have a RED mop bucket, this mop bucket MUST NOT be used anywhere else apart from the bathroom it is assigned to.
- All resources needed should be collected before attending to the pupil and disposed of properly after use.
- Resources should be stored in closed cupboards or boxes with lids on to prevent infection and NOT stored on changing beds.
- Resources in boxes and cupboards should be named/labelled.

1.Procedures to ensure pupils receive the highest level of care.

- Give sufficient time for the pupil to achieve, to be aware of expectations and be familiar with the type and frequency of prompts.
- Ensure females (and males who catheterise) are cleaned front to back.
- Creams, etc only to be used with written permission from parents
- Male and female members of staff are trained and within policy, are able to change any pupils. The School will consider the appropriateness of male/female assistance with boy/girl pupils, taking into account the wishes of the pupil, parents and staff.
- Generally any staff, once trained can assist and attend to any child.

1. In the event of an accident due to incontinence or medical emergency

- If there is urine/faeces on the floor, staff are to spray it with the surface spray and use the RED mop bucket to either spot clean or fully mop, Staff must place a WET FLOOR sign at the door to prevent injury.
- If there is urine/faeces on the bed, sink, toilet, staff are to use the surface spray and toque roll to clean this area, staff must leave the area in a safe and clean manner ready for the next pupil to use.
- If the accident is in the classroom, staff are to remove the other pupils from the area and use the surface spray to spot clean, ensuring the classroom is in a clean and safe manner before the pupils return to the area to prevent injury and infection.
- Staff MUST WEAR protective clothing gloves, aprons for the cleaning of faeces and urine at all time.
- If staff come into contact with blood, they should be mindful of the risks. Gloves and aprons must be worn and the disposable cloths should be used to clean up. All items used must be put into a secured bag and put in the 'nappy bin'.

2. If the pupil requires showering

- Staffs to ensure dignity, privacy and respect are maintained at all times, in accordance with the Intimate Care/Close Personal Contact Policy.
- Staff to encourage the pupil to assist as much as possible where appropriate.

- If a pupil has an accident staff are to wear gloves, aprons and clean the pupil with skin cleansing foam/wet wipes.
- Staff can request that parents send shampoo/ soap in for their child only; this is NOT to be used on any other pupil and must be named and dated.
- Staff must make sure the shower is left clean and tidy and there is a wet floor sign at the door to prevent injury to others.

3. Washing Soiled Clothing

- If there are soiled clothing staff are to sluice the clothing first, then place them in the washer marked SOILED CLOTHING, NO other washer should be used for this purpose.

Training and Presentation of Staff.

Staff should not be involved with Medical Support or Intimate Care procedures, feeding or toileting, until relevant training has been undertaken, e.g. Moving and Handling.

Continence

Basic hygiene and hand washing.

In order to ensure the highest standards of care, hygiene and safeguarding for children and staff, staff should not wear protruding, sharp or dangerous jewellery and other items, when undertaking intimate care, feeding and drinking or any close physical activity. Hands should be clean and washed. Finger nails should be short, clean and smooth. False or long nails and nail varnish should not be worn. Staff should wear clean, comfortable clothes that cover up skin except lower legs and arms and hands. Staff should take care that when they bend or stretch all inappropriate body area remain covered up e.g. cleavages and bottoms.”

The role of students/volunteer helpers

Students/volunteer helpers/parents (except with their own child)

1. Should not assist with toileting pupils; (unless part of an agreed, supervised, training programme)
2. May assist in helping pupils change for PE if supervised by a member of school staff;
3. Must not assist with any feeding requiring medical training to give food or respond to an emergency situation;
4. May assist at the dining table in general situations;
5. Must be supervised and not put in a situation where they are alone with pupils (except in extreme/emergency circumstances or with their own child).

1-4 above may be allowed if part of an agreed supervised training requirement

EMERGENCY PROCEDURES:

Key First Aiders

We have introduced Key First Aiders in school. These people are:

- Helen Dove
- Sarah Kelly
- Liz Shields
- Charlotte Millea
- Adele Rothery

These people **MUST** be called when a child becomes seriously unwell – for example, at the beginning of a seizure or if they stop breathing.

How to call upon a Key First Aider

- If there is an emergency, you need to summon help immediately using a radio. There is a script that will be followed.
- 'Could a Key First Aider Come to Room 9, could a key first aider come to room 9'.
- The Key First Aider should respond using a radio by saying 'xxxx is on their way'.
- The office staff will listen out, if they notice that the request has been made twice without response, they will use the Tannoy to request help.
- This process will trigger the involvement of Sally or in her absence, Rob

What happens when the Key First Aider arrives?

- The Key First Aider may ask people to leave or may ask for assistance to move the child to somewhere more discrete
- The key first aider may request a second (specific) first aider to come to support

What is the role of a Regular First Aider?

The introduction of Key First Aiders is to support all first aiders when medical situations become more serious. Regular first aiders should help with minor incidents. They can also administer rescue medication but only with the support of the Key First Aiders.

It is essential that you radio immediately – do not hesitate and please repeat the message clearly twice.

DEFIBRILLATOR:

Delius have a de-fib which is kept in the central office. If it is required at the scene of an emergency a radio call we say:

'please could the orange box be brought to (**location**), please could the orange box be brought to (**location**).

Someone from the office will then bring the de-fib to the location without delay.

IF YOU HAVE ANY QUESTIONS PLEASE SEE LIZ SHIELDS OR CHARLOTTE MILLEA WHO WILL SUPPORT YOU.