



# Discovery Federation

# Intimate Care Policy

Updated: September 2021

Moorside Primary School is a welcoming, happy and safe place to learn. We work hard together to inspire confidence and ensure that all individuals achieve their full potential. Everyone is valued and respected and all children are given a voice to be heard.

This policy has been devised in response to the increasing number of children entering the Early Years Foundation Stage not toilet trained. It sets out the procedures we will follow in when nappy changing and in the case of a child accidentally wetting or soiling him/herself. All parents are asked to provide spare clothes in a bag regardless of whether their child is toilet trained. It also states the roles and responsibilities of both the home and school and has an agreement/consent form for parents to sign.

We are an inclusive school and do admit children who are not fully toilet trained but we feel that it benefits the child if he/she is out of nappies or at least working towards this by the time they start school.

Parents are made aware that the EYFS team are on hand to offer advice on how to toilet train and are put into contact with relevant support if wanted. Parents are also asked to inform us of any medical condition which requires their child to need a nappy.

### 1) Principles

- 1.1 The Governing Body will act in accordance with Section 175 of the Education Act 2002 and the Government guidance 'Safeguarding Children and Safer Recruitment in Education' (2006) to safeguard and promote the welfare of pupils<sup>1</sup> at this school.
- 1.2 This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.
- 1.3 The Governing Body recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.
- 1.4 This intimate care policy should be read in conjunction with the schools' policies as below (or similarly named):
  - safeguarding policy and child protection procedures
  - staff code of conduct and guidance on safer working practice
  - 'whistle-blowing' and allegations management policies
  - health and safety policy and procedures
  - Special Educational Needs policyPlus
  - Durham County Council moving and handling people – guidance note
  - policy for the administration of medicines
  - Unison Guidance on toileting 2009
- 1.5 The Governing Body is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.
- 1.6 We recognise that there is a need to treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain.
- 1.7 Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.

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<sup>1</sup> References to 'pupils' throughout this policy includes all children and young people who receive education at this establishment.

- 1.8 Where pupils with complex and/or long term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.
- 1.9 Members of staff must be given the choice as to whether they are prepared to provide intimate care to pupils.
- 1.10 All staff undertaking intimate care must be given appropriate training.
- 1.11 This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

## 2) Child-focused principles of intimate care

The following are the fundamental principles upon which the Policy and Guidelines are based:

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

## 3) Definition

- 3.1 Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some pupils are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing.
- 3.2 It also includes supervision of pupils involved in intimate self-care.

## 4) Best Practice

- 4.1 Pupils who require regular assistance with intimate care have written Individual Education Plans (IEP), health care plans or intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Ideally the plan should be agreed at a meeting at which all key staff and the pupil should also be present wherever possible/appropriate. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips.
- 4.2 Where relevant, it is good practice to agree with the pupil and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.
- 4.3 Where a care plan or IEP is **not** in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (eg has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person by telephone or by sealed letter, not through the home/school diary.
- 4.4 In relation to record keeping, a written record should be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage (see afore-mentioned multi-agency guidance for the management of long term health conditions for children and young people).

- 4.5 Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case.
- 4.6 These records will be kept in the child's file and available to parents/carers on request.
- 4.7 All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for his/herself as possible.
- 4.8 Staff who provide intimate care are trained in personal care (eg health and safety training in moving and handling) according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.
- 4.9 Staff will be supported to adapt their practice in relation to the needs of individual pupils taking into account developmental changes such as the onset of puberty and menstruation.
- 4.10 There must be careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc) to discuss their needs and preferences. Where the pupil is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.
- 4.11 Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.
- 4.12 Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. SEN advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.
- 4.13 An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care.
- 4.14 The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.
- 4.15 Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there is research<sup>2</sup> which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors; ideally, every pupil should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work alone with a pupil. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom.
- 4.16 Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced CRB checks.
- 4.17 All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.
- 4.18 Health & Safety guidelines should be adhered to regarding waste products, if necessary, advice should be taken from the LA Procurement Department regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.
- 4.19 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

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<sup>2</sup> National Children's Bureau (2004) *The Dignity of Risk*

## 5) Child Protection

- 5.1 The Governors and staff at this school recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.
- 5.2 The school's child protection procedures will be adhered to.
- 5.3 From a child protection perspective it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a pupil's body. In this school best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.
- 5.4 Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.
- 5.5 If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc s/he will immediately report concerns to the Designated Senior Person for Child Protection or Headteacher. A clear written record of the concern will be completed and a referral made to Children's Services Social Care if appropriate, in accordance with the school's child protection procedures. Parents/carers will be asked for their consent or informed that a referral is necessary prior to it being made but this should only be done where such discussion and agreement-seeking will not place the child at increased risk of suffering significant harm.
- 5.6 If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher or Headteacher. The matter will be investigated at an appropriate level (usually the Headteacher) and outcomes recorded. Parents/carers will be contacted as soon as possible in order to reach a resolution. Staffing schedules will be altered until the issue/s is/are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.
- 5.7 If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Headteacher (or to the Chair of Governors if the concern is about the Headteacher) who will consult the Local Authority Designated Officer in accordance with the school's policy: Dealing with Allegations of Abuse against Members of Staff and Volunteers. It should not be discussed with any other members of staff or the member of staff the allegation relates to.
- 5.8 Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Headteacher or to the Chair of Governors, in accordance with the child protection procedures and 'whistle-blowing' policy.

## 6) Physiotherapy/Occupational Therapy

- 6.1 Pupils who require physiotherapy/occupational therapy (OT) whilst at school should have this carried out by a trained physiotherapist/OT. If it is agreed in the support plan or care plan that a member of the school staff should undertake part of the physiotherapy/OT regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist/OT personally, written guidance given and updated regularly. The physiotherapist/OT should observe the member of staff applying the technique.
- 6.2 Under no circumstances should school staff devise and carry out their own exercises or physiotherapy/OT programmes.
- 6.3 Any concerns about the regime or any failure in equipment should be reported to the physiotherapist/OT.

## 7) Medical Procedures

- 7.1 Pupils who are disabled might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be

discussed with parents/carers, documented in the health care plan or IEP and will only be carried out by staff who have been trained to do so.

- 7.2 It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.
- 7.3 Any members of staff who administer first aid should be appropriately trained in accordance with LA guidance. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

## 8) Massage

- 8.1 Massage is now commonly used with pupils who have complex needs and/or medical needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation.
- 8.2 It is recommended that massage undertaken by school staff should be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and pupils.
- 8.3 Any adult undertaking massage for pupils must be suitably qualified and/or demonstrate an appropriate level of competence.
- 8.4 Care plans should include specific information for those supporting children with bespoke medical needs.

## Questions and Answers

Who will change the nappy/wet/soiled clothing?

*The EYFS support staff*

Where will changing will take place?

*In the Nursery toilet area, on a changing mat. The nappy changes will be recorded on a chart in the toilet area and in a separate record book.*

What resources will be used?

*A changing mat, aprons, gloves, blue roll paper, antibacterial wipes, nappy sacks, nappies, baby wipes.*

How will the nappies will be disposed of?

*Put in a nappy sack and in the hygienic disposal nappy bin.*

What infection control measures are in place?

*Staff will wear disposable gloves and aprons while dealing with the incident. Blue roll paper will be put on the changing mat. Changing area will be cleaned after use. Hot water and liquid soap is available to wash hands as soon as the task is completed. Hot air dryer or paper towels are available for drying hands.*

What will the staff member do if the child is unduly distressed by the experience?

*Staff will comfort and reassure the child, talk through what they are doing and ensure the change is complete swiftly to ensure the stress is not prolonged.*

What will the staff member do if he/she notices marks or injuries on the child?

*Follow the school safeguarding policy and report it to the NOMINATED SAFEGUARDING OFFICER and the Foundation Stage Manager.*

## Parental Role

All parents are asked to provide spare clothes in a bag regardless of whether their child is toilet trained.

Parents are expected to provide a bag with a suitable amount of nappies and wipes.

## **The Parent/Guardian**

I agree to ensure that my child is changed at the latest possible time before being brought to the setting/school.

I agree to providing the setting/school with spare nappies, wipes and a change of clothing.

I have read the intimate care policy, I understand and agree the procedures that will be followed when my child is changed at school.

I agree to inform the setting/school should the child have any marks/rash.

### School Role

We agree to changing the child during a session should the child soil themselves or become uncomfortably wet.

We agree to monitor the number of times the child is changed.

We agree to report should the child be distressed, or if marks/rashes are seen

SIGNED \_\_\_\_\_ Parent/Guardian    DATE \_\_\_\_\_

### MONITORING and REVIEW

It is the responsibility of the EYFS staff to follow this policy. The Senior Leadership Team will carry out monitoring on the EYFS as part of the whole school monitoring system. This policy will be reviewed before the start of each academic year and will evolve to incorporate the views of all staff concerned.





## Continence and Toileting Issues in Schools

All schools need to be prepared to deal with pupils who have wet or soiled themselves. Many young children will have an occasional 'accident', others may be late-developers or there may be an underlying physical or psychological cause for the wetting or soiling. Schools may find that these types of issues become more acute because of the extension of Early Years provision due to both the increase in the number of hours children may attend nursery and the trend towards early admittance to Reception as well as the increasing numbers of children with SEN entering mainstream education. The latter presents particular complex issues especially when this involves older children.

The purpose of this guidance is to:

- help schools and staff to understand their role in this area, and in particular that if changes are to be made to contracts they must be done with full consultation with the staff unions;
- suggest ways in which schools can adopt policies and practices which will minimise the likelihood of 'accidents' occurring; and
- ensure that when they do happen, they are dealt with in an appropriate way that is fully risk assessed.

### **The Disability Discrimination Act and Staffing Implications**

The DDA provides protection for anyone who has a physical, sensory or mental impairment that has an adverse effect on his/her ability to carry out normal day-to-day activities. The effect must be substantial and long-term. It is clear therefore that anyone with a named condition that affects aspects of personal development must not be discriminated against. Education providers have an obligation to meet the needs of children with delayed personal development in the same way as they would meet the individual needs of children with delayed language, or any other kind of delayed development. For instance children should not be excluded from normal pre-school activities solely because of incontinence.

Any admission policy that sets a blanket standard of continence, or any other aspect of development, for all children is discriminatory and therefore unlawful under the Act. All such issues have to be dealt with on an individual basis, and settings/schools are expected to make reasonable adjustments to meet the needs of each child.

### **Resource and Staffing Implications**

The schools should monitor the number of pupils with special requirements and attention should be made to the impact this can have on staffing resources. LAs and schools should not underestimate the staffing and resource implications that changes to the school intake in terms of the needs and requirements of the pupils could have. This is happening due to the closures of special schools where there is an underestimation of the staffing, resource and equipment implications that changes to the requirements in the school intake will have. Clearly UNISON does not want to prevent access to education for children but we are aware that changes are taking place in some LAs which is putting significant and unmanageable demands on early years and school support staff. At the same time we are aware that some schools are cutting school support staff posts such as Nursery Nurses, Senior/Early Years Practitioner posts and are replacing these with teaching staff to make up the legal staffing requirements. If any such changes to staffing contracts or ratios are being proposed these issues need to be factored in to challenge this. There should be no wholesale changes to either existing contracts or role profiles by a local authority, any changes to staff contracts should be done with full consultation and agreement. Please contact head office if such changes are being proposed by your LA or schools. Any changes should be negotiated with the branch We have separate guidance on Managing Medicines in Education settings details of this are in the links section.

All schools should have a continence policy setting out how wetting or soiling incidents will be dealt with. The policy should also set out how vomiting incidents will be dealt with. Areas to be covered in a continence policy are described below:

- the importance of building a supportive and sensitive relationship with the parent/carer and including the class teacher, SENCo and school nurse.
- the need for spare clothes to be provided by parents where regular wetting/soiling occurs.
- where children will be taken to be cleaned up. The area chosen should be private and should be easy to clean.
- the procedure to be followed when incidents occur. Parents should be informed how their child will be dealt with, taking into account the age of the child and the extent of the soiling.

## **What can schools do to minimise the likelihood of ‘accidents’ occurring?**

Notwithstanding the fact that some children will have underlying problems that need to be addressed with the support of medical professionals, there are steps which schools can take to reduce the likelihood of children wetting and soiling themselves. For children to stay healthy they need to drink water regularly throughout the day. They also need to empty their bladder and bowels regularly and fully when the need arises.

Having set times for access to the toilet can cause “I’ll go just in case” practices which means the bladder doesn’t get used to holding on until it’s full. Over time, the bladder capacity can reduce, increasing the need to visit the toilet more frequently. At the same time, the amount of fluid a child can drink before needing to go to the toilet is reduced. This results in a vicious circle. A child may consciously or unconsciously ration their fluid intake, or avoid drinking altogether, if they fear not being able to go to the toilet when they need to.

It is of course recognised that allowing children access to toilets at all times can be disruptive. Some children will abuse such a policy. Also, there are good reasons for encouraging all children to go to the toilet before embarking on a school visit. It is worthwhile however, for schools to consider how to maintain order and discipline in this area, whilst at the same time considering possible long-term health effects for children.

Some children may attempt to reduce their liquid intake to reduce the need to visit the toilet because of concerns about a lack of privacy, unpleasant toilet conditions or not enough time to visit the toilet. These issues are dealt with in more detail below.

### **Privacy**

Privacy is a major issue for children of all ages. Adequate locks that are easy to operate and that other pupils cannot open from the outside are essential, as are doors/partitions that are high/low enough so that other children cannot look over/under the door.

### **The Conditions of School Toilets**

If the toilets are not clean they will be a deterrent to many children who may ‘hold on’ until they get home in order to avoid using unpleasant facilities. Apart from partial or total refurbishments which may be a long term solution, the best way of eradicating bad smells is the establishment of a programme of regular cleaning – at least twice a day.

Toilets deteriorate over time. The worse state they are in, the less carefully pupils look after them and so they deteriorate further. Toilets need to be well maintained, promptly repaired and cleaned adequately (which in most schools will mean at least twice a day) and then pupils need to be encouraged to take responsibility for, and ownership of, them in order to keep them in a reasonable state. Peer pressure may be more successful than staff pressure as pupils may be more likely to listen to each other than to school staff in this respect.

### **Infection Control, Toileting and Nappy Changing**

Schools and all other settings registered to provide education will already have Hygiene and/or Infection Control statement as part of their Health and Safety policy. This is a necessary statement of the procedures the setting/school will follow if a child accidentally wets or soils him/herself, or is sick while on the premises. The same precautions will apply for nappy changing. Risk assessment does need to be undertaken. This should include the provision of protective clothing, the means for the appropriate safe disposal of clinical waste, and suitable facilities for the child’s dignity and privacy. Additionally there also needs to be monitoring of any pertinent information e.g upset stomach. High levels of hygiene are therefore essential to minimise the risk of infection. It is important that systems are in place to communicate important information to the relevant individuals to maintain H&S, such as any behavioural difficulties. All hazards should be properly risk assessed and exposure to them prevented where possible, or otherwise minimised.

This is likely to include:

- Specific area in the school/setting for nappy changing to take place
- Staff to wear disposable gloves and aprons while dealing with the incident
- Soiled nappies to be double wrapped, or placed in a hygienic disposal unit if the number produced each week exceeds that allowed by Health and Safety Executive’s limit.
- Changing area to be cleaned after use
- Hot water and liquid soap available to wash hands as soon as the task is completed
- Hot air dryer or paper towels available for drying hands.

## Personal hygiene

The following guidance is quoted verbatim from the Department of Health's booklet Guidance on infection control in schools and nurseries

- Effective hand washing is an important method of controlling the spread of infections, especially those that cause diarrhoea and vomiting.
- Always wash hands after using the toilet and before eating or handling food using warm, running water and a mild, preferably liquid, soap. Toilets must be kept clean.
- Rub hands together vigorously until a soapy lather appears and continue for at least 15 seconds ensuring all surfaces of the hands are covered.
- Rinse hands under warm running water and dry hands with a hand dryer or clean towel (preferably paper).
- Discard disposable towels in a bin. Bins with foot-pedal operated lids are preferable.
- Encourage use of handkerchiefs when coughing and sneezing.
- Nappies and sanitary towels must be burnt in an incinerator or securely bagged and sealed and disposed of according to local guidance.
- Tampons may be flushed down the toilet; however, it is advisable to dispose of them in the same way as sanitary towels. Local guidance should be followed.

## Cleaning up body fluid spills

The following guidance is also quoted verbatim from the Department of Health's Guidance on infection control in schools and nurseries.

- Spills of body fluids: blood, faeces, nasal and eye discharges, saliva and vomit must be cleaned up immediately.
- Wear disposable gloves. Be careful not to get any of the fluid you are cleaning up in your eyes, nose, mouth or any open sores you may have.
- Clean and disinfect any surfaces on which body fluids have been spilled. An effective disinfectant solution is household bleach solution diluted 1 in 10 but it must be used carefully.
- Discard fluid-contaminated material in a plastic bag along with the disposable gloves. The bag must be securely sealed and disposed of according to local guidance.
- Mops used to clean up body fluids should be cleaned in a cleaning equipment sink (not a kitchen sink), rinsed with a disinfecting solution and dried.
- Ensure contaminated clothing is hot laundered (minimum 60°C).

The same principles apply to Hygiene or Infection Control policies, procedures and administration. There is no legal duty for nursery nurses or school support staff to supervise or administer the nappy changing process or toileting of children. Again any changes to contracts should be negotiated on an individual basis, there should be no wholesale changes to role profiles and contracts.

Consideration needs to be given to the health and safety implications of pupils with special education needs (SEN). The HSE have published a series of guides (details in the reference section of this guide) which have been written with full consultation with the trade unions representing school staff. These guides seek to assist employers in complying with their duties under the health and safety legislation. The guidance offers practical solutions to potential problems. The guiding principles to achieve the balance between fulfilling the duties and requirements of the Health and Safety at Work Act and the DDA are:

- There should be a balance between the health and safety considerations of employees and individual pupils' rights to dignity, autonomy and privacy
- Employees' health and safety should be maintained, but this should not be used as an excuse for denying disabled students and students with SEN access to educational opportunities

## The risks

Particular health and safety issues may include:

- manual handling of students with physical disabilities;
- students unable to recognise everyday hazards, communicate distress, or move around independently;
- using mechanical aids and equipment;
- minimising the risk of infection;
- management of difficult behaviour and the use of restraint;
- lone working where an employee works on a one to-one basis with a SEN student

## Child Protection Issues

The normal process of changing a nappy should not raise child protection concerns, and there are no regulations that indicate that a second member of staff must be available to supervise the nappy changing process to ensure that abuse does not take place. Few settings/schools will have the staffing resources to provide two members of staff for nappy changing and CRB checks are carried out to ensure the safety of children with staff employed in childcare and education settings. If there is known risk of false allegation by a child then a single practitioner should not undertake nappy changing. A student on placement should not change a nappy unsupervised.

## Negotiating Checklist for Branches and Representatives

1. Check the existing local authority guidance. If it needs to be updated staff and union reps should be fully consulted on any proposed changes
2. Check whether the school have any policies relating to dealing with incontinence and toileting issues. If it needs to be updated staff and union reps should be fully consulted on any proposed changes
3. There must be a clear written policy and procedures that should be sent to all schools and union representatives.
4. Changes to the responsibilities of staff is not compulsory and must be negotiated.
5. If staff volunteer to take on new responsibilities you will need to ensure training is offered to staff and that a risk assessment takes place
6. Consideration should be given to the staffing and resource implications. The time taken to undertake the new responsibilities must be factored in. An assessment of the equipment required should also take place as well as is the school building fit for purpose.
7. The policy should be clear, consistent and the details should be shared with all staff, parents, carers and school governors.
8. There should be clear protection arrangements made by the Local Authority on insurance cover arrangements for the staff taking on these new responsibilities.
9. Cross reference to the checklist in the UNISON Health and Safety Guide Administration of Medicine and the HSE Guidance - links to both these documents are below.

### USEFUL LINKS

**UNISON** <http://www.unison.org.uk/education/>

**UNISON Health and Safety** <http://www.unison.org.uk/safety/index.asp>

### Managing Medicines in Schools and Early Years Settings

<http://publications.teachernet.gov.uk/eOrderingDownload/1448-2005DOC-EN.doc>

**Bog Standard** is a campaign to promote better toilets for pupils <http://www.bog-standard.org/toiletcontinence.pdf>

**Sample Policy** <http://www.halton.gov.uk/pdfs/educationandlearning/sen/toiletinguidance>

### Department of Health

[http://www.dh.gov.uk/en/Publichealth/Healthprotection/Healthcareacquiredinfection/DH\\_156](http://www.dh.gov.uk/en/Publichealth/Healthprotection/Healthcareacquiredinfection/DH_156)

**Health and Safety Executive** <http://www.hse.gov.uk/guidance/topics.htm>

**DCFS** <http://www.teachernet.gov.uk/wholeschool/healthandsafety/>

**Enureris Resource & Information Centre (ERIC)**, 34 Old School House, Britannia Road, Kinswood, Bristo, BS15 8BD. Telephone: 0117 960 3060 Website [www.eric.org.uk](http://www.eric.org.uk)

### Good Practice in Continence Services, 2000.

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4005851](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4005851)

For the very latest information regularly check the UNISON Education and Children's Services web pages <http://www.unison.org.uk/education/> or ring 0845 355 0845