

Personal Care Support Guidelines



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Further Reading:

<https://neu.org.uk/advice/continence-and-toilet-issues-schools>

<https://neu.org.uk/advice/head-lice-schools>

Personal Care Support

Definition of Personal Care

Personal care involves helping pupils with direct or indirect aspects of physical and medical care which they are not able to undertake for themselves independently. This may be due to a physical disability, additional support needs associated with learning difficulties, medical needs or needs arising from the child's stage of development.

Personal care may include:

- Washing and showering
- Menstruation
- Toileting
- Dressing and undressing
- Administering treatments

These guidelines embrace the principles of Every Child Matters.

- Every child has the right to feel safe and secure
- Every child has the right to be treated as an individual
- Every child has the right to remain healthy
- Every child has the right to privacy, dignity and a professional approach from all staff when meeting his or her needs
- Every child has the right to information and support that will enable him or her to make informed and appropriate choices
- Every child has the right to be accepted for who they are, without regard to age, gender, ability, race, culture, or beliefs
- Every child has the right to information and procedures for any complaint or queries he or she may have regarding personal care

Child Protection and Training

Safety of the child and school staff is paramount. School staff providing personal care must be supported and trained so that they feel confident in their practice, including child protection and health and safety.

Staff Ratio

Personal care management must be conducted in a manner that maximises the child's comfort, independency, dignity, privacy, and learning. If a child's needs are met 1:1 at home, then this should be reflected in school. It is acceptable for a single member of staff to support personal care providing they ensure that:

- the parent or carer have given consent.
- the child is familiar with the identified members of school staff.
- another member of staff is aware of what is happening.
- the child is informed of what is happening and given the opportunity to do as much as they can do themselves.

Gender

Personal care will form part of school staffs agreed job description and is inclusive of both genders. Some parents may preference a same sex carer, and this should be respected where possible. However, there may be exceptional circumstances where there are human resource implications preventing this. Parents must be involved with their child's personal care planning so a clear account of the arrangements such as gender and staff ratio are agreed.

Hand Hygiene

Effective hand washing should be undertaken as a vital part of routine safe practice in schools for both children and staff. Good hand washing is the single most effective way of reducing the transmission of communicable disease. Many lifelong habits, including hand washing, are learned in childhood. Education workers have important roles in educating children and students to clean their hands by proper hand washing.

Hands should be washed:

- before eating meals and snacks
- before preparing or serving food
- after using the toilet
- after changing nappies
- after touching animals e.g., after riding for the disabled
- after gardening
- after handling objects soiled with blood, saliva, and nasal mucus

Handwashing:

1. Wet hands under warm running water.
2. Apply a small amount of liquid soap. Liquid soap is better than solid soap because it is less likely to become contaminated.
3. Rub hands together 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 for at least 20 seconds as you wash them
4. Rinse hands under running water.
5. Dry hands, preferably using disposable paper towels. Disposable paper towels are the best option for drying hands because damp towels can harbour germs.

If a child is not able to wash their hands independently, or with visual or verbal prompting, hand over hand support can be given as necessary.

Hand Sanitizers:

Hand sanitizer gel kills most germs that cause disease and illness (like colds or flu) and helps reduce the transmission of infections such as Covid 19. They are not effective on germs that live in the intestines, so are not effective hand sanitization following contact with animals, if your hands are dirty or greasy since germs hide underneath, after using the washroom and when doing food preparation.

For this, handwashing with soap and water is required.

Hand sanitizers should contain at least 60% alcohol as active ingredient and should remain wet on hands for at least 15 seconds to be effective. Children should be supervised to ensure they do not put their hands in their mouth until they are dry as it contains alcohol.

Do not stored near a heat or electrical source as it is inflammable and should be discarded when passed the expiry date.

Showering Pre and Post Swimming

Pre-swimming

It is recommendable that all swimmers shower before entering a swimming pool to remove materials such as powders, creams, lotions, and oils that can affect the water treatment system.

Post swimming

It is also good practise for all swimmers to shower as well on leaving the swimming pool. This will remove chlorine from the skin and eyes that can cause irritation.

Pre and post showering is not intended to replace personal hygiene as this should be tended for within the home setting.

Guidelines

- Swimwear must always be worn.
- Separate gender shower facilities should be used where available for older children.
- Children should use their own towel, shampoo, shower gel provided from home wherever possible to reduce risks of skin irritation.
- Allow the child maximum opportunity to perform as much of the task independently as they can use visual or verbal prompting and support.
- If a child requires direct help, the teacher should discuss this with parents/carer at the earliest opportunity and a plan of support agreed between the teacher and parent/carer. Assistance from other services such as School Nursing may be required to achieve this.
- If the child's needs are complex, the school nurse can devise a specific plan of care in agreement with the child, parent/carer, and school staff.

Showering for Personal Hygiene Support

There may be occasions where it is necessary for a child to be showered at school as part of the child's daily care such as during overnight activities and trips.

This would mainly involve year 5 and 6 pupils. It is appropriate at this age for a child to be able to un/dress, shower and dry themselves with indirect support. School staff should have an idea of what each child can do independently from observing the child change for swimming and PE. To ensure a safe and supportive environment is maintained, school staff should discuss and agree a plan of care with the child and parent/carer prior to the activity.

Guidelines with in-direct support:

- The shower room door should be pulled but not closed or locked.
- An identified member of school staff should remain outside the door and be in constant communication with the child.

Guidelines with direct support:

- Identified members of school staff who the child is familiar with can offer direct support on a 1:1
- Explanation and communication are given to the child throughout
- The child is given maximum opportunity to perform as much of the task independently as they can
- The child's privacy and dignity are respected and maintained as much as is possible (ensure doors and screens are used, and keep the child appropriately covered with a towel as much as possible)
- There is another identified adult within the area to ensure a safe and supportive environment is maintained for the child and school staff (assistance from other services such as School Nursing may be required to achieve this)
- If the child's needs are complex, the school nurse can devise a specific plan of care in agreement with the child, parent/carer, and school staff.

Showering with Support

There may be occasions where it is necessary for a child to be showered at school to reduce the spread of infection such as if a child vomits or soils themselves excessively

If a child soils them self at school, it may be deemed more appropriate for the child to be showered to ensure that they are adequately cleaned. In these situations, it may not be appropriate for the child to wear any attire. Wherever possible, contact parent/carer first and discuss. Parent/carer can then give consent for school staff to shower the child at school.

A parent/carer can collect the child from school and attend to the child's need at home if they wish. This would result in the child being left soiled for a long period of time, but the parent may feel that this option would be better for the child emotionally.

If a parent cannot be contacted, and the child is unable to shower them self independently, it would be in the child's interest to be cleaned up. It is recommendable in this situation that before a child is showered at school without the parent's knowledge, that it is first discussed with a senior member of school staff.

Guidelines:

- Give explanation and communication to the child throughout.
- Protective clothing such as disposable gloves and apron should be worn by staff member and disposed of in a yellow sack.
- Allow the child maximum opportunity to perform as much of the task independently as they can do.
- The child's privacy and dignity are respected and maintained as much as is possible (ensure doors and screens are used, and keep the child appropriately covered with a towel as much as possible)
- Ensure a safe and supportive environment is maintained for the child and school staff. Ensure another member of staff is aware of what is happening.
- If parental consent has not be obtained, ensure there is another identified member of staff within the area (assistance from other services such as School Nursing may be required to achieve this)
- Ensure parents are informed at the earliest opportunity
- Any soiled clothes should be put into a sealed yellow plastic bag and sent home for parent.

Menstrual Management with In-Direct Support

Where a girl requires assistance with menstrual management, it is recommended that sanitary pads are used. Insertion of a tampon is an invasive procedure and should not be undertaken by education workers. As part of the Sexual Health and Relationships Education (SHARE), all girls in year 6 will be shown how to change a sanitary pad.

There are pink pencil cases available in each year 5/6 class that contains a new pair of pants, selections of sanitary pads, panty liners, gloves, and disposal bags. This follows the recommendations that SHARE teach. This allows the girls to be discrete in menstrual management at school. Each girl should be encouraged to provide and carry their own supplies from home. Emergency supplies of sanitary pads can be obtained from the school nurses. Disposal bags and gloves can be obtained from the school caretakers.

In-direct support

Whilst a girl learns to be competent in attending to her menstrual management independently, school staff may need to offer in-direct support and advice on when and how to change and dispose of sanitary pads. In consultation with the girl, parents/carer, and the school nurse, identified members of school staff that the girl is familiar with, can offer in-direct support on a 1:1 ratio. This allows for the girl's privacy and dignity to be maintained.

Guidelines:

- Go into toilet or personal care area.
- Pull down trousers/tights or lift skirt/dress.
- Pull down underwear and sit on the toilet.
- Peel off the used pad and put it in a disposal bag. Alternatively wrap it up in the wrapping of the new pad.
- Dispose of in the yellow clinical waste bin in toilet/ personal care areas. Flushing pads can clog the toilet.
- Remove backing from clean pad and stick the pad in the crotch section of underwear. Wrap the wings (if supplied) around the back of underwear to secure.
- Put underwear and clothing back on.
- Wash hands with soap and water.

If a girl starts menstruating before the SHARE sessions, the school nurse will co-ordinate an individual care package with SHARE, parents, and school staff.

To ensure a safe and supportive environment is maintained, any girl who requires specific menstrual support while in school will have a menstrual care plan completed by the school nurse, in co-ordination with school staff and parents/carer.

Menstrual Management with Direct Support

Where a girl requires assistance with menstrual management, it is recommended that sanitary pads are used. Insertion of a tampon is an invasive procedure and should not be undertaken by education workers. As part of the Sexual Health and Relationships Education (SHARE), all girls in year 6 will be shown how to change a sanitary pad.

There are pink pencil cases available in each year 5/6 class that contains a new pair of pants, selections of sanitary pads, panty liners, gloves, and disposal bags. This follows the recommendations that SHARE teach. This allows the girls to be discrete in menstrual management at school. Each girl should be encouraged to provide and carry their own supplies from home. Emergency supplies of sanitary pads can be obtained from the school nurses. Disposal bags and gloves can be obtained from the school caretakers.

Direct support

If a girl is unable to attend to her menstrual management with in-direct support, then to ensure that safe and supportive environments for students and staff are achieved, direct support is recommendable from an identified school staff member the girl is familiar with.

To ensure a safe and supportive environment is maintained, the school nurse will assess and plan a menstrual care plan in co-ordination with school staff and parents/carer. This may require that there is another identified adult within the area (assistance from other services such as School Nursing may be required to achieve this).

Sometimes a girl who needs assistance with menstruation requires pads for continence management. Guidelines for continence management should be followed if there is not an individual health plan.

Personal Care for children who are not Toilet Trained

Incontinence is the lack of control over bowel and/or bladder function. It can be the result of:

- a medical condition such as gastroenteritis (short-term) or lack of bowel nerve function (long term)
- a medical intervention (for example, as a side effect of medication)
- global development delay and/or physical and intellectual disability
- life experience (for example, a part of behaviour associated with a history of abuse)
- lack of learning opportunity

Provision of continence supplies and changes of clothing is the responsibility of the parent/carer unless specifically agreed by the service. Disposable nappies/pads are preferable to re-usable as they support freedom of mobility and minimise handling and risks to staff. Parents/carers may, in limited situations, indicate that disposable nappies cannot be used; for example, where there is an allergic reaction to these items. If this occurs, the arrangement for the provision of the cloth nappy collection and laundering is the responsibility of the parent/carer. Workers should not be expected to sluice and otherwise handle used nappies more than is necessary. Similarly, workers should not be expected to use 'sharps', including metal nappy pins, where a safer alternative of comparable cost is available.

To ensure a safe and supportive environment is maintained, school staff should discuss and agree a plan of care with the child and parent/carer prior to the activity.

Need: Child requires consistency of information to allow them to understand the process of using the toilet.

Notes:

- Child is most likely to pass urine 20-30 minutes after drinking and swimming.
- Recommended natural toileting times would be *on wakening, arrival at school, snack time, before lunch, after lunch break, before home time, arrival at home, after tea, before bed.*
- Aim for the child to have 6-7 drinks regularly throughout the day.

Communication:

- Verbal instruction to be used alongside Speech and Language recommendations.
- Allow the child to be as independent as possible with verbal prompting to keep him on task.

Equipment:

- To achieve desired posture, a standard toilet may need to be adapted with seat insert and footrest.

Soiled clothes

Items of clothing that may become soiled (urine, faeces, blood, vomit) should not be swilled out or left to soak as this can be the cause of contamination on surfaces. Care should be taken to wipe away any solid matter with wipes/toilet paper and flush down toilet.

Soiled clothing should be placed in a small clinical waste bag and sent home. This ensures other support workers are aware it contains soiled clothes and will not put themselves at risk opening bag to see what it is. Clinical waste bags are also less likely to split.

Plastic aprons, gloves, disinfection spray and clinical waste bags are available from care-takers office.

Toilet Training and Changing Contenance Pad on Toilet

Equipment

- Gloves & plastic apron.
- Childs own nappy/wet wipes supplied by parent (in case of skin reaction).
- Small yellow clinical waste bag.

Guidelines:

- Instruct child to go to toilet.
- Ensure seat infill and footstool are in position if required.
- Instruct child to lift dress/skirt or pull-down tights/trousers.
- Instruct child to pull down pants/pad.
- If pad wet/soiled, break side and remove.
- If child soiled, wipe any excess matter away with toilet paper first, then clean area with wipes.
- Instruct child to sit on the toilet.
- Instruct child to use the toilet.
- Wait for as long as child will tolerate or until they pass urine/uses bowels, but no longer the 3-5 minutes.
- If child uses the toilet, use appropriate reward such as a clap and praise.
- Change pad if wet/soiled.
- Encourage child to get 3-4 pieces of toilet paper to dry and clean them self.
- Instruct child to stand up.
- Instruct child to pull up their pants/pad.
- Instruct child to pull up tights/trousers or pull-down dress/skirt.
- Instruct/assist child to flush toilet.
- Instruct/assist child to wash hands.
- Instruct/assist child to go to destination.

Changing a Nappy/Contenance Pad on changing bed

Equipment

- Changing bed with cot sides.
- Gloves & plastic apron.
- Child's own nappy/wet wipes supplied by parent (in case of skin reaction).
- Small yellow clinical waste bag.
- Large clinical waste bin with yellow sack, foot operated.
- Disinfectant spray & paper towel.

Guidelines:

- Ensure changing bed is lowered down and environment clear and safe.
- Ensure required equipment (gloves, small yellow bag, wet wipes, clean nappy/pull up/pad) is within reach of bed area.
- Assist child to get onto changing bed lifting skirt or pulling down trousers if possible.
- Cot sides should be used whenever a person moves away from one of child's side. One person should always remain with child though.
- Roll child from side to side to pull down trousers if still in situ.
- Roll child back onto their back.
- Remove trousers or tights if pull ups used.
- Undo nappy/pad or tear sides of pull-up, pull down top of nappy/pad/pull up and place it so it covers the wet/soiled part of the nappy/pad.
- Roll child onto side; gently bend knees up, ensuring they do not roll onto their arm.
- Wipe any excess matter away with toilet paper first, then clean area with wipes.
- Remove soiled nappy/pad and place it into small yellow bag along with wipes.
- Place opened clean nappy/pad on changing bed and roll child back so that nappy is under bottom. Pull up nappy/pad between legs and secure sticky tabs.
- If pull up used, roll child onto back first, then put on pull up.
- Adjust clothing as before.
- Lower bed and assist child to get off changing bed.
- Place clinical waste bag into clinical waste bin
- Clean and disinfect change bed with disinfectant spray and paper towel.
- Wash child and your hands

Please don't allow child and objects such as cars that can tear the changing bed.

Changing a Nappy/Contenance Pad from Wheelchair

Equipment

- Changing bed with cot sides.
- Gloves & plastic apron.
- Child's own nappy/wet wipes supplied by parent (in case of skin reaction).
- Small yellow clinical waste bag.
- Large clinical waste bin with yellow sack, foot operated.
- Disinfectant spray & paper towel.

Guidelines:

- Ensure changing bed is lowered down and environment clear and safe.
- Position wheelchair close to foot of changing bed.
- Ensure required equipment is within reach of bed area.
- Undo all wheelchair straps except lap belt.
- Insert sling if not in position - ask and assist child to sit forward, insert sling behind child's back (ensure it is as far down child's back as possible).
- Pull sling tabs under chair lap belt.
- Slide sling tabs under thigh to inner thigh and pull tabs through gently.
- Move foot plates out of the way.
- Connect 4 sling tabs to hoist arm.
- As first-person hoists child up, second person to release lap belt.
- Rotate and position child over changing area, taking care not to apply too much pressure on leg joints.
- As child is lowered on hoist, second person can raise bed. Ensure child's legs as kept as straight as possible.
- Remove sling tabs from hoist.
- Remove hoist from environment. Cot sides should be used whenever a person moves away from one of child's side. One person should always remain with child though.
- Loosen clothes if necessary and roll child from side to side to pull down trousers and remove sling.
- Roll child back onto their back. Remove trousers or tights if pull ups used.
- Undo nappy/pad or tear sides of pull-up, pull down top of nappy/pad/pull up and place it so it covers the wet/soiled part of the nappy/pad.
- Roll child onto side; gently bend knees up and ensuring they do not roll onto their arm.
- Wipe any excess matter away with toilet paper first, then clean area with Tena cream and Tena mitt.
- Remove soiled nappy/pad and place it into small yellow bag along with Tena mitt.
- Place opened clean nappy/pad on changing bed and roll child back so that nappy is under bottom. Pull up nappy/pad between legs and secure sticky tabs.
- If pull up used, roll child onto back, then put on pull up.
- Adjust clothing as before, whilst re-inserting sling underneath child.
- Re-attach sling tabs to hoist and lower any cot sides.
- As first-person hoists child up, second person can lower bed.

- Rotate and position child over wheelchair, taking care not to apply too much pressure on leg joints.
- As first person lowers child into wheelchair, second person to ensure child sits well back in seat.
- Attach lap belt than remove sling tabs from hoist. Pull sling strap from under legs and lap belt.
- Assist child to sit forward and remove sling behind back if it's not an all-day sling.
- Position feet on foot plates and secure any other wheelchair straps

Undressing and Dressing

Wherever possible, pupils should be encouraged to dress/undress themselves independently for PE or swimming. Facilities should provide privacy and modesty e.g., separate toileting and changing for boys and girls or at least adequate screening.

It is acceptable that within a special needs primary school, there are pupils who require a little or a lot of assistance to dress and undress. To ensure a safe and supportive environment is maintained, school staff should discuss and agree a plan of care with the child and parent/carer prior to the activity.

Guidelines:

- Give explanation and communication to the child throughout.
- Allow the child maximum opportunity to perform as much of the task independently as they feel and can do.
- The child's privacy and dignity are respected and maintained as much as is possible (ensure doors and screens are used, and keep the child appropriately covered with a towel as much as possible)
- Ensure a safe and supportive environment is maintained for the child and school staff. Ensure another member of staff is aware of what is happening.
- If parental consent has not been obtained, ensure there is another identified member of staff within the area (assistance from other services such as School Nursing may be required to achieve this)
- Ensure parents are informed at the earliest opportunity
- Remove clothing from lower body first and put on swimming costume/PE shorts before removing upper garments.

Headlice

Head lice infestation is common among children 3-12 years of age. The National Association of School Nurses recommended that children with nits and/or head lice infestations need not be excluded from school.

An infestation of head lice is, generally a minor and temporary annoyance to the child, not caused by, or associated with, poor hygiene or parental neglect. Head lice cling to hair. They cannot jump from one person to another. Head lice are most readily transmitted by direct head-to-head contact (and not by shared hair accessories). Schools are a common source of spread of head lice.

Management to limit the spread of head lice infestations:

School employees shall report all suspected cases of head lice to the school nurse or designee. The school nurse or designee shall examine the child. An infestation shall be determined by looking closely through the hair and scalp for viable nits or live lice.

If nits are found but there are no live (crawling) lice on the hair, the school nurse or designee shall reinspect within 7-10 school days.

If live (crawling) lice are found on the hair, the parent/guardian shall be notified by the end of the day via phone, email, and/or a note sent home with the child. The parent/guardian shall be provided information on the biology of head lice, methods to eliminate infestation, and directions to examine household contacts for lice and nits. The school nurse or designee may notify parents/guardians in the affected classroom to encourage them to check their children and to treat, if appropriate, and/or examine other child's most likely to have had direct head-to-head contact with the affected child.

Parents/guardians will be encouraged to verify treatment as soon as possible after notification. If the parent/guardian is unable to afford treatment, they will be advised by the school nurse to contact their General Practitioner to obtain a prescription or give consent for the school nurse to contact General Practitioner on their behalf.

Affected child shall be discouraged from direct head-to-head contact with other children. The nurse or designee shall provide in-service education to staff regarding how to handle nits and/or lice in the classroom as requested by the headteacher.

Information about head lice shall be sent home to all parents/guardians at the beginning of the school year.

Staff shall maintain the privacy of child's identified as having head lice.