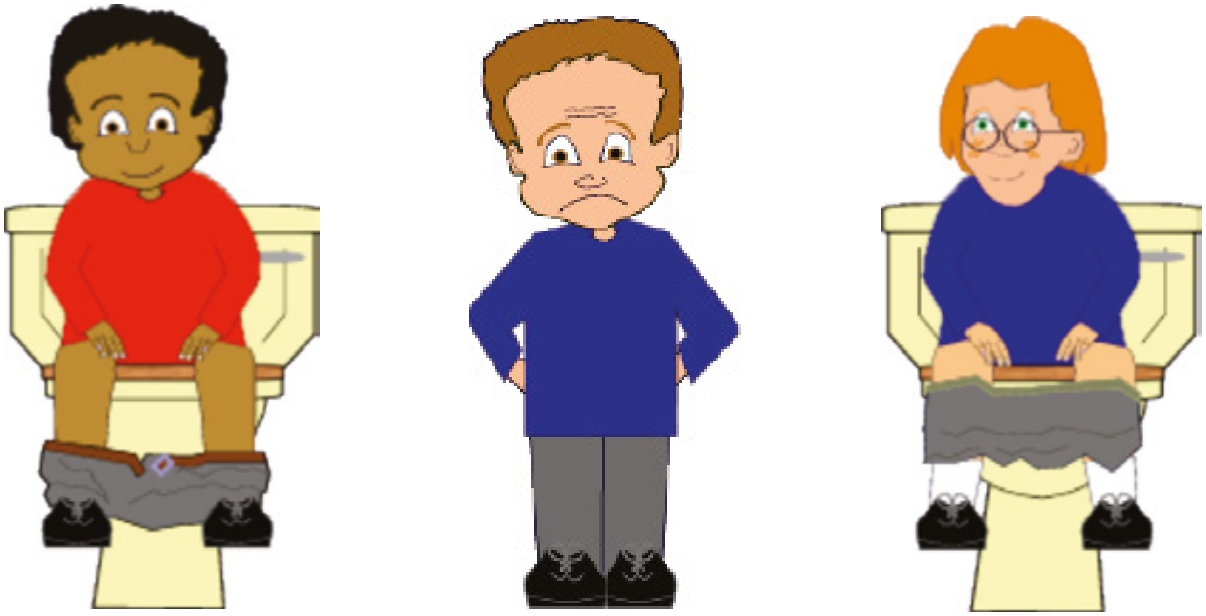


GUIDANCE ON **SPECIAL TOILETING NEEDS** IN **SCHOOLS** AND **EARLY YEARS' SETTINGS**

Warwickshire County Council

Working for Warwickshire

CONTENTS

Introduction

Early Years' Settings and Schools now admit younger children, many of these will have occasional accidents, whilst others will be in the early stages of toilet training. In addition, there will be children and young people across the age range of 2-19, who for a number of reasons are either delayed in attaining this skill or, who long-term, will need support and intervention throughout the day to manage their individual needs. To put this in context, approximately three quarters of a million children in the UK aged between 5 and 16 will need some toileting support, this equates to two or three pupils in every primary class and one pupil in every two classes at secondary. Incontinence is not uncommon. It is, therefore, unacceptable for any Setting or School to delay or refuse admission to children who have not achieved this milestone. Childcare and Education Providers have a duty to meet the needs of children with delayed personal development in the same way as a child with delayed language or any other delay.

Admission policies and practices that require a child to be toilet trained are discriminatory and potentially unlawful; under the Equality Act issues should be dealt with on an individual basis and Settings and Schools must make "reasonable adjustments" accordingly.

This guidance:

- sets out some guiding principles;
- provides practical advice for Settings and Schools;
- clarifies the implications of Special Educational Needs and Disability legislation;
- sets out guidance for children with SEN, medical needs and /or a disability;
- advises on contractual issues for staff;
- emphasises the duties of Settings and Schools to safeguard the health and safety of pupils and staff;
- advises on risk assessment;
- advises on issues related to Safeguarding Children.

This guidance applies to:

- children who have not yet achieved full independence in using the toilet before attending pre-school or school settings;
- school age pupils who, for a variety of medical, emotional or social reasons, require toilet training or special arrangements with toileting in school.

Partnership with Parents

Parents and carers have a key role to play in supporting effective toilet training. Parents may feel anxious and responsible when their child has not yet achieved this developmental stage.

It is important to build up their confidence especially if they have already experienced difficulties in trying to toilet train their child. Some parents feel judged or blamed that their child has not reached this milestone, having tried very hard to help their child become continent.

Guiding Principles

Children who have difficulties in controlling their bladder and/or bowels have often had a difficult start developing personal independence. It is sometimes possible to understand why early training has been missed, has proved ineffective or is not yet possible. These children have an educational entitlement irrespective of their difficulties with toileting.

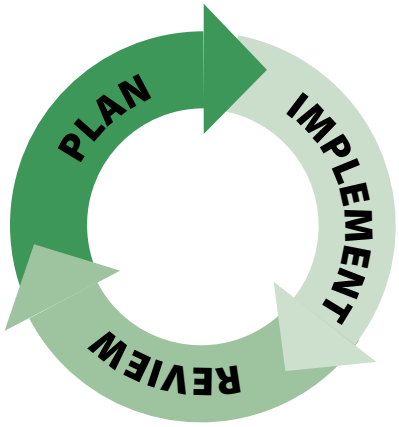
- Children or young people who need assistance with toilet training or special toileting arrangements must be treated with respect, dignity and sensitivity. Staff should respect their need for privacy and confidentiality, being aware that these children may be vulnerable to ridicule and bullying on account of their additional needs.
- Parents and carers have a key role to play in effective toilet training. It is important to plan consistent approaches across different settings.
- Settings and Schools, in partnership with parents or carers and any other professionals involved, should make plans to work towards the earliest possible, or the optimal possible, independence with toileting.
- Heads of Settings and Schools have a responsibility to set the tone for the way in which the issue is addressed, appreciating and supporting the extra demands placed on staff.
- All staff should be provided with access to appropriate resources and facilities, and be supported through clear planning, policy guidelines, and training.
- Heads of Settings and Schools must be aware of, and ensure implementation of, appropriate health and safety procedures and risk assessments.
- Heads of Settings and Schools, Governors and Management Committees must be aware of their duties under the Equality Act 2010.
- Schools must consult Social Care staff whenever planning toilet training or special toileting arrangements for children subject to Child Protection procedures.
- Schools should take action if any attendance difficulties develop as a consequence of toileting issues. Early Years' Settings could seek advice from the Integrated Disability Service (Teaching & Learning) 0-5 Team.

Toilet Training for Pre-school children and pupils starting school

At this stage it is not possible to assume that failure to achieve independence with toileting is in itself an indication of special educational needs and/or a disability. However, there are some children who enter pre-school or Reception with special educational needs and / or medical conditions which indicate the need for special toileting arrangements or toilet training. These children fall within the terms of the Equality Act and the pre-school or school setting must take "reasonable steps" to support them.

Each child and situation is of course unique. However, Settings and Schools may find the following guidance helpful in deciding what "reasonable steps" should be taken to support pupils who require toilet training.

Before the child starts it is important to:



Plan

Before the child begins

- Gather information from parents/carers:
  - Has toilet training been introduced in the past?
  - How has toilet training been introduced in the past?
  - What happens at home?
  - What established routines does the child have at home/setting, which could inform arrangements in school/setting?
  - Are there any particular behaviours, difficulties, anxieties?
  - Can parents/carers suggest any strategies which to date are proving successful?
  - Are there any religious/cultural sensitivities related to aspects of intimate personal care that should be taken account of?
  - Agree terminology for body parts and bodily functions.

- Gather information from professionals involved (this may include previous settings/IDS Teaching & Learning /Health Visitor/School Nurse/Physiotherapist/Occupational Therapist.
- Consider health and safety implications and undertake a risk assessment (see 'model' example of risk assessment-Appendix 2)
- Arrange for any professional advice required, to be in place before attendance.
- Arrange for any professional training required, to be in place before attendance.
- Arrange for any professional resources required, to be in place before attendance.

  Please note, however, delaying admission unnecessarily or unduly may result in parents having a lawful claim of discrimination if the child were unable to start alongside his/her peers.
- Clothing: consider manageability (Velcro/elastic waists etc) for the child to be as independent as possible. In school this should be sympathetic with school uniform.
- Ask parent/carer to provide spare clothing. It is the responsibility of parents to then deal with wet or soiled clothes. ***Please note it is unacceptable to expect parents or carers to be on emergency stand-by to change children during the school day. Potentially this could be unlawful under the Equality Act.***
- Write and agree a plan with parents and the Health Visitor or School Nurse, and seek parental/carer support in maintaining routines and strategies at home. Consider:
  - Cues (see below)
  - Positioning in classroom in relation to access to toilet.
  - Privacy
  - Support required
  - Hazards and implement risk assessments (see appendix 2)
  - Sanitation/hygiene arrangements.

Implement

Implement a routine with the support of a plan:

- Spend time observing patterns/signs related to needing the toilet. Often linking toileting times to cues in daytime routines can help to develop a better pattern of toilet use and control-use of visual timetables, social stories.
- Use agreed cues discreetly to remind e.g. symbols/signs/objects/pictures/code words.
- Allow access to the toilet immediately. Children should be allowed to leave the class to visit the toilet.
- Encourage working towards independence and use of self-help skills.
- Manage 'accidents' discreetly, calmly and swiftly.
- Use age appropriate language e.g. "pads" instead of "nappies".
- Reward successes – use praise, encouragement and confidence building.

Review

- Monitor child's awareness of the difficulty.
- Monitor progress towards independence/self- care.
- Monitor success of continence over time.

Remember that independent toileting is the ultimate aim and may take many months to achieve but there will be many small steps and successes to reward along the way.

Where difficulties persist there may be more complex issues to consider and further guidance and support may be needed from other professionals. It is important to discuss your continuing concerns with parents and seek their agreement before involving further professional guidance and support.

The Equality Act

The Equality Act defines a disabled person as someone who has "a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities". 'Substantial' means more than 'minor or trivial' and 'long-term' is defined as 12 months or more. Continence is one of the normal day to day activities covered by the Equality Act.

It is possible, therefore, that a child whose continence is "impaired" for longer than 12 months may be protected by the Equality Act, even though the underlying cause may not yet be understood or explained. Where the Equality Act applies, Settings and Schools are required to make "reasonable adjustments" to ensure that children with a disability are not treated less favourably.

Settings and Schools must be careful, therefore, not to discriminate or provide less favourable treatment for such a child. Arrangements for admission to school or nursery, including the hours and sessions attended, must be the same as for other non-disabled peers. Provision for enabling a wet or soiled child to be made clean and comfortable must be safely, discreetly and quickly implemented in order to avoid placing the child at a substantial disadvantage relative to others.

The Equality Act also requires education providers to re-examine all policies and practices, to consider their impact on children and young people with disabilities. In particular, changes will be required wherever "blanket rules" apply.

Examples of "blanket policies" which might potentially be discriminatory:

- Pupil toilets are kept locked during lesson times and pupils are refused permission to go other than at break times.
- Pupils lose merits or house points if they need to go to the toilet during lesson time.

Issues related to restricted toilet access

Although "reasonable adjustments" could be made to the above policies for children with additional needs, there are considerations for all children.

Each child's bladder and bowels are individual and their capacity variable. There is a widespread expectation that children should go to the toilet at set times irrespective of whether the child needs to, in order to minimise disruption to activities and lessons. It is all too easy to reprimand the child who needs to go during lesson time with "You should have gone at break!" However, 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. Pupils may also avoid emptying their bowels at school. This can be due to a lack of privacy, poor toilet conditions and not enough time to use the toilet. Holding on can lead to constipation, which in turn can result in soiling.

Restricting toilet access can, therefore, have both physiological and psychological consequences for all children, not just those with additional difficulties. A significant proportion of childhood urinary and bowel problems are caused by unhealthy toileting patterns.

Questions for schools to consider:

- Can children go to the toilet when they need to?
- Is there a widely-communicated school policy for permission to go during lessons? Are all staff adhering to it?
- Are children able to go to the toilet during class time in privacy (when others are not around) – and without adverse comment when they leave and return to class?
- Are children free of pressure to go to the toilet quickly?
- Are the toilets unlocked at all times?
- Are toilets cleaned and checked regularly to ensure there is sufficient toilet roll, soap and paper towels? Pupils should not have to request toilet roll.
- Can children use the toilet without undue queuing?
- Are there visual prompts to reinforce the routines of flushing the toilet after use and washing and drying hands thoroughly? Are these routines reinforced by staff working with younger children?
- What do children say about the toilets through pupil surveys, the School Council etc? Are children wary of entering toilets due to bullying?

Research by the University of Newcastle on Tyne suggests a third of girls and half of boys avoid using school toilets due to unhygienic conditions and fear of bullies.

For more advice about improving school toilets visit the ERIC website:
https://www.eric.org.uk/right-to-go

The Children and Families' Act 2014

Under section 100 of the Children and Families Act 2014, schools "must make arrangements for supporting pupils at the school with medical conditions". The statutory guidance interprets this as meaning that schools "should ensure that such children can access and enjoy the same opportunities at school as any other child", and this would include children with toileting difficulties and needs. Every school should have a policy on supporting children with medical needs, and we would recommend that all schools read the guidance in full at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/638267/supporting-pupils-at-school-with-medical-conditions.pdf and take this into account when developing appropriate strategies for supporting children with toileting needs.

Supporting children with SEN and / or a Disability

For some children difficulty in achieving toilet training may be one aspect of more general developmental delay and learning difficulties. These children will benefit from the strategies contained earlier on in this guidance, but ultimately the setting or school may need support and guidance from external specialists.

Children with Communication and Language difficulties

Children who are non-verbal and have language and communication needs will benefit from the use of visual cues (photos, symbols, signs, Picture Exchange), as well as sequencing cards to reinforce routines. All Settings and Schools in Warwickshire have access to "InPrint 3" to produce visual cue cards or sequences to support toileting and personal care.

There are also examples of visual supports on the "Do 2 learn" website:
http://do2learn.com/picturecards/printcards/selfhelp_toileting.htm

The Bladder & Bowel UK website has a number of child friendly leaflets, as well as ones for children with learning difficulties:
http://www.bladderandboweluk.co.uk/children-young-people/children-resources/
http://www.bladderandboweluk.co.uk/children-young-people/children-schools/

Children with Autistic Spectrum Condition

Children with Autistic Spectrum Condition often like routine; staff can build upon this desire for predictability to develop a successful toilet training routine. The National Autistic Society website advises teaching the whole routine from the child communicating their need to use the toilet through to the washing and drying of hands, rather than just sitting on the toilet. Show the child a photo or symbol of the toilet, say the child's name, "toilet", take them into the toilet, following a

visual sequence for the whole routine. Often when an activity is anticipated, less resistance occurs. Having a visual sequence beside the toilet and then above the sink will help the child know what is expected.

Liaison with parents and carers is vital to agree on the routine to be followed both at home and school. Using the same visual cues and sequences can also help to support the routine.

You will need to decide whether or not and how to praise the child for successfully following the toileting routine. Some children enjoy and respond to praise, others respond better to an object or a toy. Some children find praise difficult so a preferred activity after toileting may work better. It's important to remember that all children are different and they will not all respond to the same strategies- what works for one child may not work for another.

More advice on toileting is available from the National Autistic Society website:
http://www.autism.org.uk/living-with-autism/understanding-behaviour/toilet-training.aspx

South Warwickshire NHS Foundation Trust has also produced a booklet for parents on toileting children with an ASD; this is available from School Nurses and Health Visitors.

Children with medical needs and /or disabilities

Some children will have complex or long-term medical conditions which indicate the need for special toileting arrangements. These children will usually be known to staff in the Integrated Disability Service (Teaching & Learning), as well as professionals in Health.

It is important for key staff in the setting or school to meet with parents and other professionals involved to draw up a written healthcare plan before the child starts (See Appendix 1 for a suggested agenda). The School Nurse / School Health Adviser will normally help co-ordinate this process.

The Plan will need to identify:

- Staff responsibilities;
- Staff training needs, including any manual handling training (see section on Health & Safety & Safeguarding);
- Parental responsibilities;
- Strengths and needs e.g. what can be done independently, what needs support and monitoring, how able the child is to indicate their needs etc;
- Input required from other professionals e.g. School Nurse, Occupational Therapy, Community Nursing Team, GP, Specialist Teacher from IDS (Teaching & Learning), LA Health & Safety team etc;
- Risks which need to be assessed (see section on Risk Assessment);
- Any allergies;
- Adaptations and specialist equipment needed;
- Classroom seating arrangements;

- Issues for PE and swimming (e.g. accessible and private changing facilities, variations to PE kit to conceal a colostomy pouch etc);
- Issues related to off-site visits, day and residential trips, college or work experience placements (e.g. location of accessible toilets, whether a RADAR key is needed to unlock accessible toilets, items which will need to be taken such as gloves and aprons etc
- Strategies for dealing with vulnerability to bullying and teasing;
- Regular monitoring and review strategies.

The setting or school should also consider how the plan will be communicated to all staff who need to know (including supply staff), whilst bearing in mind confidentiality.

One to one support for older children can often be minimised using a "bleeper" or a walkie-talkie to summon assistance only when required.

For further information on conditions which can impact on bowel or bladder control (e.g. Crohn's Disease, Hirschprung's Disease, Vater Syndrome, Spina Bifida, Cloacal Exstrophy, Ectopic Bladder, Eagle-Barrett Syndrome, Ulcerative Colitis etc) Settings and Schools should seek advice from health professionals.

Pupil "Voice"

It is good practice to always take into consideration the views of the child / young person. This is especially important if they are likely to need support long term. This may include asking which toilet cubicle they prefer, if they are comfortable with the staff supporting them or if they are comfortable going to the toilet at a busy time.

It is important for the pupil to feel they are in control of their personal care and it is not something that is 'done to' them. To support this, young people should be actively involved in the decision making and encouraged to appropriately direct the staff supporting them. It may be possible to personalise an area, especially if they are spending a lot of time in there.

All young people should be given regular opportunities to share their views regarding their personal care with someone they are comfortable talking to and who is not directly involved in their personal care. Any changes in behaviour regarding personal care, for example demonstrating a reluctance to go to the toilet, a sudden increase in the number of accidents or stopping eating and drinking to prevent needing the toilet, should be promptly followed up, as not going to the toilet in the school day can seriously impact on a young person's health.

Getting a balance between toileting and a pupil's social and educational needs

At times it can be difficult to ensure that pupils have sufficient opportunity to meet with their peers at break times, where pupils take in excess of ten minutes to use the toilet; there will then always be an element of a compromise as to where this time is found from. It is vital to maintain a balance between loss of social and learning time. Some TAs report using this time to practise mental maths.

Staffing and contractual issues

Settings and Schools should ensure that they have sufficient members of staff who are employed and appropriately trained to manage personal care as part of their duties. This may be done by asking for volunteers to support children with toilet training or special toileting arrangements, however, staff have no legal or contractual duty to do so, unless these duties are specified in staff contracts. Teaching staff have no legal or contractual duty to volunteer. Changes should not be imposed to existing support staff contracts and role profiles. Contracts of employment for new staff could include a clause that specifies that the new post holder takes on this responsibility with a commitment that training and guidance will be provided by Health and/or support service staff as necessary. Heads and Managers who require further guidance on contractual issues should contact HR.

Even if a School does not have a child with such needs currently, equality legislation requires schools to anticipate future needs. Given the statistics cited in the introduction to this guidance (approximately three quarters of a million children in the UK aged between 5 and 16 will need some toileting support, i.e. two or three pupils in every primary class and one pupil in every two classes at secondary), heads are advised to anticipate that they will require support staff who are employed and trained to take on these responsibilities.

It is important that all staff involved in supporting children with continence needs have received appropriate training. For example, staff should receive training in good working practices, which comply with health and safety regulations, such as good hand washing, manual handling, the wearing of gloves for certain procedures and the procedures for dealing with body fluid spillages, as well as Safeguarding training.

Professional development activities on personal care will depend very much on the circumstances of that school or setting. It is, however, important to anticipate on a whole setting basis the full range of needs that children present with, as well as considering specific training for those staff who provide care to individual children. All professional development activities undertaken should be monitored and recorded to consider the impact such activities have had on the inclusive provision offered.

Gender Positive Discrimination

Where the school/setting can demonstrate that there is a Genuine Occupational Requirement, they are able to discriminate by expressly setting out to recruit either a man or a woman. The need to expressly recruit either a man or a woman, should be based on the requirements of the job itself, for example, providing personal intimate care. If you believe that there is a Genuine Occupational requirement to recruit in this way, please discuss this with the HR Recruitment Team when placing your advert.

Recording of Personal Care

Schools and Settings are reminded that the Staff Behaviour Policy, sometimes referred to as the Code of Conduct, Section 16, states

"Schools and settings should have clear nappy or pad changing and intimate / personal care policies which ensure that the health, safety, independence and welfare of children are promoted and their dignity and privacy are respected.

Arrangements for intimate and personal care should be open and transparent and accompanied by recording systems…A signed record should be kept of all intimate and personal care tasks undertaken and, where these have been carried out in another room, should include times when the pupil/student and staff members left and returned."

Health and Safety considerations

Personal hygiene
Hygiene procedures are important in protecting pupils and staff from the spread of diseases. Staff should be made aware of correct hand-washing techniques.

The following should be provided for staff use:

- soap /hand cleanser
- warm water
- antibacterial wipes or spray for surfaces
- appropriate disposable wipes
- vinyl disposable gloves (latex gloves should not be used)
- protective disposable aprons
- a covered bin (preferably operated by a foot pedal) with a disposable liner
- paper towels
- disposable paper roll can be helpful
- a floor mop specifically for this area, which is regularly disinfected

Washing pupils
Always have an agreed, written and signed procedure with parents. Use sensitivity and discretion and wash only as necessary. Wherever possible avoid physical contact with the child especially in intimate areas. Check access to warm water and soap and use a bowl purely for that purpose. If using wipes check with parents for allergies. It may be appropriate to ask parents to send in labelled wipes or cream for their child. If using towels consider procedures for laundry and include information in your plan.

Location
Whenever possible use the existing toilet areas or the accessible toilet to protect the dignity of the child without putting staff at unreasonable risk. Do not change pupils in teaching or public areas or in any location used for the preparation of food and drinks. Do not use any location unless you are sure that it is safe.

Disposal
Whenever possible use the usual toilet facilities to flush contents of nappies and waste water. Please note the usual health and safety regulations which apply to disposable nappies. It is not necessary for nappy waste to be regarded as clinical waste; it is not, therefore, necessary to use the yellow waste sacks or to arrange specialist waste disposal. Double wrapping the waste should be sufficient.

Dirty clothes should be placed in a plastic bag for parents to collect at home time. These soiled clothes must be stored in a designated place other than the usual school cloakroom.

Dealing with Spillages
Spillages should be dealt with promptly. Good practice and personal hygiene are essential.

Specialist training
When pupils with physical disabilities require manual handling, all staff undertaking these duties must have received accredited training this could be from IDS (Teaching & Learning) Physical Disability Team.

Risk Assessments
The setting or school must complete a risk assessment anticipating and addressing any concerns raised by staff, parents and the child. The LA Health & Safety Team can advise schools, where WCC is the Employer. See Appendix 2 for a model risk assessment.

Liability

Staff may be anxious about taking responsibility for supporting children with personal care needs because they fear something 'going wrong'. In the event of a claim for alleged negligence it is the Employer (the Local Authority or Governing Body), not the employee, who is held responsible and, providing that the member of staff has followed their Employer's policy and has acted within the scope of their training, the Council's insurance will defend any such action and meet any costs if the claim is successful. Schools which subscribe to the Local Authority's insurance cover are automatically protected against these risks. Those schools that do not subscribe to the WCC arrangements will need to ensure they are adequately covered.

Safeguarding Children and the involvement of Social Care

Personal care may involve certain activities that leave staff feeling vulnerable to accusations of abuse. It is unrealistic to expect that all risk will be eliminated, no matter what level of vigilance is adopted, but it is hoped that staff following this guidance will feel less fearful. The process of changing a nappy or toileting a child should not normally raise child protection concerns, and there are no regulations that require two members of staff to be available. However, if there is a known risk of allegation or a child has been subject to a child protection investigation, then a single person should not undertake personal care.

Personal care should only be undertaken by staff employed by the school/setting with a satisfactory enhanced DBS (Disclosure & Barring service).

Children with disabilities may be particularly vulnerable because

- They may not be able to communicate what is happening;
- Due to hospitalisation, fostering, residential / short break care they may have multiple carers;
- They may not have had access to good quality, well differentiated PSHE and SRE.

Schools must consult Social Care whenever planning toilet training or special toileting arrangements for children with a Child Protection Plan.

Schools should invoke Safeguarding Children procedures whenever there are indications that a child is at risk of significant harm.

Useful Documents and Web Links:

"Dignity & Inclusion: Making it work for children with complex health care needs", Council for Disabled Children, 2014

http://www.warwickshire.gov.uk/schoolsdisabilityequality

"Supporting Pupils at School with medical conditions", DfE, 2014:

https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

Medical Conditions at School website, which has lots of templates for schools to download and customise:

http://medicalconditionsatschool.org.uk/

For a wide range of resources and information see:

http://www.eric.org.uk/

https://www.bullying.co.uk/bullying-at-school/

Appendix 1: Suggested agenda for individual planning meeting

1. Welcome and Introductions

2. Apologies

3. Clarifying purposes and expectations of the meeting

4. Identify strengths and needs

5. Views of the child / young person and family

6. Discussion about terminology to be used with the child and other communication issues

7. Additional medical needs e.g. allergies

8. Further assessment required (e.g. from Occupational Therapist, Continence Specialist etc) or input required from a professional / agency not present

9. Individual Care Plan
   - Facilities, adaptations required
   - Specialist equipment required (e.g. hoist, height adjustable changing bed)
   - Staffing – who, back up to cover absence, responsibilities
   - Training needs
   - Home-school transport issues
   - PE, swimming
   - Educational visits, off-site activities

10. Clothing arrangements (e.g. clothes that are easy to manage, availability of clothes should there be an accident, procedure for dealing with soiled clothes)

11. Target setting for programme

12. If child not present, who will feedback

13. Monitoring and review: how often and by whom

14. Any other business and next review date.

Warwickshire County Council

Health & SAFETY

RISK ASSESSMENT FORM

		LIKELIHOOD				
		VERY UNLIKELY	UNLIKELY	LIKELY	HIGH LIKELY	ALMOST CERTAIN
SEVERITY	NEGLIGIBLE	LOW	LOW	LOW	LOW	LOW
	MINOR	LOW	LOW	LOW	MEDIUM	MEDIUM
	SERIOUS	LOW	MEDIUM	MEDIUM	MEDIUM	HIGH
	SEVERE	LOW	MEDIUM	MEDIUM	HIGH	HIGH
	VERY SEVERE	MEDIUM	MEDIUM	HIGH	HIGH	HIGH

Risk Assessment for (Activity/Process/Operation)	Toileting / Personal Care

School	XXXX	Pupil	XXXX		
Assessment Date	XXXX	Review Date	XXXX	Reference Number	

What are the hazards *(i.e. what can cause harm)*	Who might be harmed and how? *(e.g. employees, pupils, members of the public, etc. and the significant risk(s))?*	What existing control measures are in place to reduce / prevent the risk? *(i.e. what are you already doing?)*	Considering existing controls, what is the current risk level *(i.e. high, medium or low – use the matrix above)*	Further Action to be taken to control the risk? *(i.e. only record action/ additional controls measures you are going to implement)*	Assigned to	Completed by whom & when
Manual Handling	Major/minor injury to staff and pupils.	Staff trained (including back up staff to cover absence) in manual handling. Risk assessments and Manual Handling Plans in place for all named children. Adjustable height hygiene tables and hoists as required.	**Low**	Manual Handling training kept up to date. Handling Plans reviewed and updated.	Manual Handling Trainer	By xxxx

Health Risks	Infection, diarrhoea and vomiting – risk to staff and pupils.	Single use disposable apron and gloves provided and used by staff. Good hygiene practice observed, hand washing advice followed. Waste is doubled wrapped. Bin emptied at least once a day. Staff aware of health/infection risks to named children. Healthcare Plan in place for children with long-term health needs. Changes of clothing available and used as required. Arrangements with parents for supply of clean clothing and dealing with soiled clothing.	**Low**	Additional specialist training for named children vulnerable to infection.		
Lone working	Allegations of abuse against staff. Injury if child has additional or unpredictable behaviours.	Staff trained and aware of good practice. Liaison with parents so that they understand procedures. Staff have Enhanced DBS check. Students and Volunteers are also checked and always supervised. Alarm cord or bleeper available for adult to summon help. Records kept of all personal care and these are subject to management oversight.	**Low**	Second member of staff involved if known risk of allegation, child is subject to Child Protection proceedings or there is a risk of challenging behaviour.	DH in conjunction with DSL DSL	By xxxx Half-termly
Inadequate facilities or equipment failure	Major / minor injury to child(ren) and/ or staff.	Cleaning protocol in place. Bin emptied at least once a day. Equipment (hoists, changing beds etc) is serviced according to manufacturer's instructions. Equipment is checked regularly by staff and faults are reported. If an Academy, school receives Medical Devices Alerts in case of faulty equipment being recalled.	**Low**		Facilities / Site Manager	Ongoing

Older children unsupervised if managing needs independently or semi-independently.	Fall, major or minor injury, may become distressed.	Alarm cord in toilet to summon help. Child carries bleeper or walkie-talkie to summon help.	**Low**	Regular checks in place to ensure alarms are • within reach from the floor (i.e not tied up); • in working order and can be heard, • recognised by relevant staff who need to respond.	Facilities / Site Manager	Daily Weekly
Children who are Non-verbal / have Communication needs.	Injury if child feels they are unable to communicate and becomes frustrated.	Established visual routines in place using signing, photos, symbols, Picture Exchange etc. Familiar adult.	**Low**			
Allergies	Injury to staff and pupils: allergic reaction, soreness or broken skin which is then vulnerable to infection.	Liaison with parents and health re known allergies. Nylon gloves used not latex. If necessary, damp cotton wool used instead of wipes. All creams and lotions labelled with child's name and only used for that child.	**Low**			

Name of Assessor		Signature	

Name of Manager responsible for activity / process		Signature	

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