Personal and Intimate Care Risk Assessment

Operations/Work Activities covered by this assessment:	**PERSONAL AND INTIMATE CARE IN EDUCATIONAL SETTINGS**		
Site Address/Location:	Headlands School	Department/Service/Team:	Learning Support Team
Note: A person specific assessment must be carried out for individual children / young persons			

Hazards Considered *Step 1 (Clause 3.1)*	Who might be harmed and how *Step 2 (Clause 3.2)*	Existing Control Measures: *Step 3 (Clause 3.3)*	Risk Rating			Further action Step *3* *Consider hierarchy of controls i.e. elimination, substitution, engineering controls, signage/warning and/or administrative controls, (PPE as a last resort)*	Actions Step 4 (Clause 3.4)			Risk Rating		
			Likelihood	Severity	Risk Rating		who *(Name)*	when *(Date)*	complete *(Date)*	Likelihood	Severity	Risk Rating
Personal and intimate care is not delivered safely by trained staff	Harm to the individual child or young person receiving the personal or intimate care in the educational setting.	A Personal and Intimate Care Statement has been implemented into the Schools Medical Policy. The Policy is communicated to relevant employees within the school and a record of this is maintained. Parental consent has been obtained and a written record is maintained via the annual EHCP review process. Employees who undertake personal and intimate care have received the appropriate training. Each child / young person in receipt of personal and intimate Care has a Medical Plan which is reviewed annually or updated when provision changes.				• Continue to review training offer available to support staff and liaise with appropriate professionals.	IWA	Annual	Sept			

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Safeguarding of children and young people, and staff in school delivering personal and intimate care	Disabled children and young people are particularly vulnerable to abuse and discrimination. Due to the nature of personal and intimate care staff can be more vulnerable to accusations of abuse than in other educational settings.	All staff working with children and young people must have been through the schools' safer recruitment process. All school staff are familiar with the school's Safeguarding and Child Protection policy and procedures. Through initial inductions and through regular updates all staff should understand to whom and how they may report issues or concerns. School leaders using risk assessments should identify situations where it is appropriate for two members of staff to be present. The number of carers including the reasons must be clearly documented in the child's or young person's Medical Plan. Wherever practical with personal and intimate care with one colleague being able to at least hear and have oversight, whilst the other member of staff delivers the care. Male adults should not be involved in providing intimate care for girls. School leaders should always consider religious and cultural values when planning the delivery of personal and intimate care.				N / A						

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The dignity of the child or young person in receipt of personal and intimate care	Inappropriate or issues related to communication and poor training of staff is likely to impact of the dignity of the children and young people receiving personal and intimate care.	Staff need to get to know the child or young person before working with them. Staff need to be aware of any personal, cultural, or religious sensitivities related to aspects of intimate care Staff should always seek the child's / young person's permission to carry out a task, respect their preference for the sequence of care and encourage them to do as much as possible for themselves. Staff should address the child or young person in an age appropriate manner and agree the terminology for parts of the body and bodily functions that will be used by all All staff engaged in personal and intimate care should receive appropriate training and this should be reviewed and updated regularly as part of the schools' overall plan for all staff Continuous Professional Development. Training should form part of, but not exclusively to, the discussion in relation to staff appraisal and or supervision arrangements.				NA						

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Personal and intimate care is undertaken in an inappropriate environment	A poor environment might put the safety of children and young people receiving personal and intimate care and the staff delivering the care at risk.	Facilities are provided that allow dignity and privacy including a fully accessible changing area. Hot and cold running water is available. Personal Protective Equipment (PPE) such as aprons and gloves, where required are available to staff. Nappy / incontinence pad disposal bags are available and used with supplies of nappies (provided by family) Anti-bacteria sprays / wipes and cleaning cloths are provided to staff undertaking personal and intimate care. Labelled bins for the disposal of wet and soiled nappies /. incontinence pads (Soiled items should be double-bagged.) Special arrangements for the disposal of any contaminated or clinical materials including sharps and catheters Supplies of suitable cleaning materials, anti-bacterial sprays /wipes and handwash for example are available to staff Appropriate clean clothing (preferably the child's own) is provided Effective staff alert system for help in an emergency is understood by all school staff Arrangements for menstruation when working with adolescent girls are in place including the disposal of waste.				NA						

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Record Keeping	Poorly maintained records may result in unsafe care being provided.	Records are reviewed routinely to ensure accuracy. These include the training records of staff. Medical Plans are updated at least annually, or when changes take place. Changes are effectively communicated to all relevant parties.				• Governors Report on H & S provided Annually • ½ termly review of Training Records by Director Schools Operations						
Consider if any additional hazards are created and control measures are required if this activity is undertaken in non-routine or emergency conditions							Review Date (*Step 5*): September 2026					
Assessors Signature: IWA		Date: Summer 2026				Authorised By: SBO			Date: Summer 2026			

Potential Severity of Harm				
	High (e.g. death or paralysis, long term serious ill health)	**Medium**	**High**	**High**
	Medium (an injury requiring further medical assistance or is a RIDDOR incident)	**Low**	**Medium**	**High**
	Low (minor injuries requiring first aid)	**Low**	**Low**	**Medium**
		Low (The event is unlikely to happen)	**Medium** (It is fairly likely it will happen)	**High** (It is likely to happen)
		Likelihood of Harm Occurring		

Risk Definitions	
Low	Controls are adequate, no further action required, but ensure controls are monitored and any changes reassessed.
Medium	Consideration should be given as to whether the risks can be reduced using the hierarchy of control measures. Risk reduction measures should be implemented within a defined time period. Arrangements should be made to ensure that the controls are maintained and monitored for adequacy.
High	Substantial improvements should be made to reduce the level to an acceptable level. Risk reduction measures should be implemented urgently with a defined period. Consider suspending or restricting the activity or applying interim risks controls. Activities in this category **must** have a written method statement/safe system of work and arrangements must be made to ensure that the controls are maintained and monitored for adequacy.