

Appendix A: Changing Supplies

The following materials will be provided by the Early Learning Office and the Special Education Early Childhood Department, as appropriate, to allow school staff to change children in a hygienic and safe way.

- **Changing Mats.** Designated changing mats to provide a changing surface that is white, cushioned, smooth (no indentation, seams, cracks, or tears), easily cleaned, and water proof. These mats are not to be used for any other purpose. These mats only have to be used if the child is changed lying down.
- **Disposable Diaper Changing Paper.** This will be discarded and changed between each child. When changing a child laying down, the paper must be used over the changing pad. When changing a child standing up, the paper should be place on the floor so that the child can stand on it during the change.
- **Gloves.** Non-latex to be used during the changing process.
- **Hands-free Trash Can.** Containers that hold soiled diapers and diapering materials will have a lid that opens and closes by using a hands-free device (step can). The container must remain closed and inaccessible to children. **No other types of trash cans are allowed to be used including:**
 - Those that require the user’s hand to push the soiled diaper/pull-up though a narrow opening.
 - Those with exterior surfaces that must be touched by the hand.
 - Those with exterior surfaces that are likely to be touched with the soiled pull-up while being discarded.
 - Those that have lids with handles.
- **Small Disposable Plastic Trash Bags.** These bags should only be used:
 - To put soiled/diapers/pullups in before throwing away in the step-can.
 - To put soiled/or wet clothes in that need to be picked up by the parent the day of the incident occurs.
- **Disposable Wash Cloths.** To clean the child during changing in the event the parent does not provide wipes for their child.

Note: Pull-Ups - Various size pull-ups will be provided to teachers by the parent.

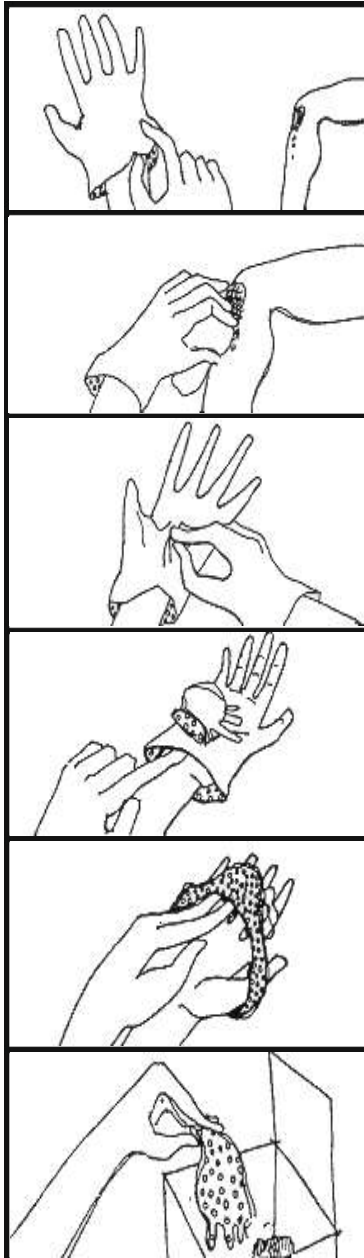
Appendix B: Proper Glove Removal

D

Caring for Our Children: National Health and Safety Performance Standards

Gloving

Wash hands prior to using gloves if hands are visibly soiled.



Put on a clean pair of gloves.

Provide the appropriate care.

Remove each glove carefully. Grab the first glove at the palm and strip the glove off. Touch dirty surfaces only to dirty surfaces.

Ball-up the dirty glove in the palm of the other gloved hand.

With the clean hand strip the glove off from underneath at the wrist, turning the glove inside out. Touch dirty surfaces only to dirty surfaces.

Discard the dirty gloves immediately in a step can. Wash your hands.

Note: Sensitivity to latex is a growing problem. If caregivers/teachers or children who are sensitive to latex are present in the facility, non-latex gloves should be used.

Adapted with permission from: California Department of Education. 1995. *Keeping kids healthy: Preventing and managing communicable disease in child care*. Sacramento, CA: California Department of Education.

Appendix C: Personal Care Management Classroom Record

School Name _____

Student Name _____

Personal Care Needs Notes:

Date	Entry Time	Exit Time	Toileting Status	IEP Goal/ Objective Y/N	Staff Member Name	Staff Member Initials	Comments
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***All soiled clothing must be changed.**

Appendix D: Risk Assessment

Child's Name _____

Age of Child _____ Teacher & Grade _____

Date of Risk Assessment: _____

Question	Yes/No	Notes
1. Does weight/size/shape of pupil present a risk?		
2. Is the child able to articulate his or her needs?		
3. Can the child understand simple one to two step directions?		
4. Is there a history of child protection concerns?		
5. Are there any medical considerations including pain/discomfort?		
6. Have there ever been allegations made by child or family?		
7. Does moving and handling present a risk?		
8. Does behavior present a risk?		
9. Is staff capability a risk? (Back injury/pregnancy)		
10. Are there any risks concerning individual capability of the pupil? <ul style="list-style-type: none"> • General Fragility • Fragile bones • Head Control • Epilepsy Other _____		
11. Are there any environmental risks? Heat/Cold – Height of Toilet		

If **yes** is answered to any of the above complete a detailed personal care plan needs to follow.

Name _____ Signed _____ Date: _____

Appendix E: Individual Personal Care Management Plan

Child's Name: _____

Teacher: _____ Grade: _____

Name of Support Staff Involved: _____

Date Plan will begin: _____

Review/ Meeting Date: _____

Area of Need	
Equipment required:	
Location of Suitable Bathroom Facilities *(Include in and outside of the classroom) Be specific about location	
Support required:	Frequency of support:

Working towards Independence

Classroom Teacher/Staff will:	Parent/ Guardian(s) will:	Child will try to:	Target Achieved:
			Date:

Signed _____ Parent(s)/ Guardian

Signed _____ Member of Staff

Signed _____ Principal

Date _____



Permission Form for Personal Care Needs

Dear Parent/ Guardian,

If your child wets or soils themselves while they are at school, it is important that measures are taken to have them changed and if necessary cleaned as quickly as possible. Our staff are experienced at carrying out this task if you wish them to do so or, if preferred, the school can contact you or your emergency contact who will be asked to attend to the child's needs without delay.

Prince George's County Public Schools has Administrative Procedure 5166, Personal Care and Toileting, which is available to view on our website (www.pgcps.org/administrativeprocedures/) or a copy can be obtained from your child's school.

Please fill out the permission slip below stating your preference.

Name of Child _____

Teacher/ Class _____

Please check as appropriate:

I give consent for my child to be assisted in changing and/ or being cleaned if they wet/soil themselves while in the care of Prince George's County Public Schools.

I **do not** give consent for my child to be assisted in changing and/ or being cleaned if they wet or soil themselves. I request staff from _____ (School) to contact me or my emergency contact and I will organize for my child to be cleaned and changed. I understand that in the event that I or my emergency contact **cannot** be contacted, the staff will act appropriately and may need to come into some level of physical contact in order to aid my child.

Print Name of Parent/ Guardian's Full Name _____

Date _____

Signature of Parent/ Guardian Full Name _____

Appendix F