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## *Safe Touch: Policy and Guidance for Appropriate Physical Contact with Children*

Date Approval	: 1 October 2022	Next Review	: 1 October 2024
Review Cycle	: 12 months	Scope	: Whole School
Ownership	: Campus Principal	Approved by	: SLT

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This policy is part of a suite of policies in place in Asia Pacific Schools. The purpose is to safeguard children and protect them from harm. It should be read in conjunction with the following:

- Overarching Safeguarding Statement
- Child Protection Policy
- Staff Handbook
- Health and Safety Policy
- Medical Emergency Response plan
- Whistleblowing Policy

### 1. Introduction

Asia Pacific Schools take seriously our responsibility to safeguard and promote the welfare of our children, to minimise risk and to work together with other agencies to ensure adequate arrangements are in place within school to identify, assess and support those children who are suffering harm and to keep them safe and secure whilst in our care.

In line with both our vision of a World at Peace –Through Education, and our mission and core values we have in place an ISP Safeguarding Application Note which provides us with clear guidelines in relation to child protection and safety.

Safeguarding is a proactive duty for every member of the school community, children, and adults alike. It is more than just protecting children from deliberate harm. It relates to our core purpose of actively promoting the academic, physical, social, emotional, and mental health of the children in our care. It is inherent in everything we do and say and in how we behave towards each other.

Because of our close day to day contact with children school staff have a crucial role in helping to promote safety, reduce risks, and to identify at an early stage, welfare concerns and indicators of abuse and neglect.

Our policies and procedures relate to all members of our school community including pupils, staff, visitors/contractors, volunteers, and trainees working within the school. It is fully integrated into the ethos of the school, is underpinned throughout the curriculum and in the safety of the physical environment.

### 2. Definitions

#### *i. Safeguarding*

Safeguarding: is **EVERYTHING** we do in school to keep children safe, healthy, happy and therefore learning.

Safeguarding and promoting the welfare of children refers to the processes of protecting students from harm, preventing the impairment of their health and development, ensuring that we seek to improve the general health

and well-being of all students in our care and enabling every student to have the optimum life chances and enter adulthood successfully.

## *ii. Child Protection*

Child protection is part of the safeguarding process. It focuses on protecting individual children identified as suffering or likely to suffer significant harm. This includes child protection procedures which detail how to respond to concerns about a child."

"Preventing and responding to violence, exploitation and abuse against children – including commercial sexual exploitation, trafficking, child labour and harmful traditional practices, such as female genital mutilation/cutting and child marriage." UNICEF

## *iii. Intimate care*

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 needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing.

It also includes supervision of children involved in intimate self-care.

## *iv. Positive Handling and Physical Restraint*

This is when a trained member of staff intentionally uses positive moving and handling physical force techniques to restrict a child's movement against his or her will for the express purpose of reducing any risk to the child or other children or adults in the immediate area. In most cases this will be through the use of the adult's body rather than mechanical or environmental methods.

## *v. Reporting Concerns*

All staff members are required to report any concerns to the Designated Safeguarding Lead without delay. Any incident involving allegations of staff using inappropriate physical contact will be investigated and may lead to disciplinary action, up to and including dismissal.

## **3. Policy Aim**

To provide clear advice, guidance, and expectations for staff so they understand and implement safe practices in relation to touch, intimate care and physical restraint, thereby protecting both children and staff.

## **4. The purpose of physical contact**

It is not illegal to touch a child, and by the nature of working with children, particularly young children, there will be occasions when physical contact is both proper and necessary e.g. during the swimming lessons and Physical Education. Safe touch and physical contact are essential to provide sensitive, high quality, care and educational provision. It is important in fostering positive relationships, developing healthy and secure attachments. It contributes to cognitive development and the building of brain architecture.

Touch should always be a response to a child's needs. It should not be based on the adult's emotional needs.

Touch and physical contact may be used for:

Communication

- Greeting or congratulating someone (shaking hands).
- Supporting early communication (e.g. sensitively directing, guiding, supporting children in an educational task)

#### Learning

- To assist, prompt and enable interactions with peers and staff.
- To support engagement with resources and classroom activities. e.g dance, PE, climbing, using a trampoline

#### Transitions

- Offering a hand to guide e.g. when walking from one place to another, crossing a road
- To prompt a learner during changes between activities

#### Play

- Many aspects of play activities naturally involve touch e.g. assisting onto a swing/slide

#### Therapy

- massage, sensory stimulation, physiotherapy

#### Emotional reasons

- To communicate affection and warmth.
- To give reassurance.
- To comfort a child who is in distress

#### Physical Restraint

- To reduce the risk of harm e.g. for self-defence
- To protect children and young people from immediate or imminent risk of injury by physically intervening
- To prevent immediate risk of significant danger to property e.g. when a child is about to vandalise property

#### Intimate care:

- To give medical and nursing care
- Supervision of a child involved in intimate self-care e.g. to support a child administer an insulin injection
- Assisting a child requiring medical care, who is not able to carry this out unaided
- Support a child to access the toilet
- To ensure that each child feels clean and fresh e.g. washing, nappy changing
- Assist learners after they have used the toilet to ensure that their bottom is clean
- Feeding, oral care

### 5. General guiding principles when deploying physical contact

Every child has the right to feel and 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

#### i. Factors to consider when using touch

- The power imbalance between adult and child – confusion of professional and personal boundaries
- The previous experiences of the child – particularly abusive ones

- Signs of discomfort in children such as stiffening or pulling away or walking away
- The length of time a child has been in a state of high distress
- Safety of the child and other children
- Developmental age or any communication issues e.g. not having English as a first language
- Cultural considerations- what is acceptable practice in some cultures may not be in others.
- Gender
- Age

ii. Inappropriate touch

- Inconsistency in approach- either in the same adult or in different adults in the setting,
- hugging
- kissing
- special treatment of one child over another
- insincere touch
- touch between the waist and the mid-thigh or near the chest

iii. Sensible questions for adults to ask themselves or others before touching a child: -

Is the touch:

- welcomed by the child- paying particular regard to cultural sensitivities or to children who have been physically/sexually abused?
- offering a sense of emotional well-being and security?
- reinforcing a sense of positive self- identity and esteem?
- supporting social interaction?
- encouraging confidence and empowerment?
- in response to a health or welfare concern?
- timely/purposeful?
- Am I dealing in a different manner with a particular child than with others under the same circumstances?
- Would I modify my behaviour with a child if a colleague were present?
- Would I judge my conduct negatively if I observed it in another adult?
- Is it possible that the consequences of my actions will have negative outcomes for the children?

iv. Transparency, clarity and consent in using touch

Discuss with your line manager, Designated Safeguarding Lead or Deputy Designated Safeguarding Lead any concern you have about whether a situation might compromise or breach a professional relationship

## 6. Specific Guidelines

### *i. Intimate Care*

- 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.

Confident, self-assured children who feel their bodies belong to them are less vulnerable to sexual abuse. The approach taken with intimate care can convey lots of messages to a child about their body worth.

There must be careful communication with each child 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 child is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

An individual member of staff should inform another appropriate adult when they are going to assist a child with intimate care. Intimate care should be undertaken with a minimum of two adults in attendance so as to safeguard both the adults and the child.

In general, intimate care should only be provided by the school nurse if it is a medical issue. If a child needs intimate care for an 'accident' there should always be a minimum of two adults.

Adults who assist children with intimate care should be employees of the school or individual assigned by parent/carer who not students or volunteers, and therefore have the usual range of safer recruitment checks, including all required checks.

The religious views, beliefs and cultural values of children and their families should be considered, particularly as they might affect certain practices or determine the gender of the carer.

No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

APS has a specific Intimate Care policy that should be read together with this policy.

#### *Pre-school Programme & Toddler Programme*

All children other than those in toddlers programme who join our setting are expected to be toilet trained and are age appropriately independent when using the lavatory. Only children in toddlers programme are allowed in nappies and specific guidance must be referred to APS Intimate Care policy.

In the event of an 'accident' or on the rare occasion that a child needs support with toileting we will aim to reinforce with the child a basic understanding of hygiene and to maintain high standards of health and hygiene whilst protecting ourselves from infection. All those staff working in EYFS are required to have current vaccinations against hepatitis A

#### *Guidelines for Good Practice*

As a basic principle, children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Where a child is fully dependent, the adult must talk to the child about what is going to be done and, where possible give choices.

#### *Hygiene.*

All staff must be familiar with normal precautions for avoiding infection and should ensure the use of appropriate protective equipment when necessary, for example, protective, disposable latex/vinyl gloves and apron. School also has shower and washing machine facilities.

#### *Training*

All staff involved in showering/toileting support must be aware of how to ensure the children are safe and their dignity is maintained.

##### i. Toileting

Teaching staff will

- Respect the child's privacy at all times.

- Create awareness and understanding of good hygiene practice, e.g. by encouraging the child to flush the toilet, by establishing a thorough hand washing regime and by ensuring children clean the toilets when required (see appendix 5)
- Ensure anti-bacterial soap and disposable paper towels for washing and drying hands are used
- Encourage independence in all toileting activities.
- Use praise and recognition when children are newly independent toilet users to promote self-esteem and a sense of achievement
- Assist a child if they show any difficulty using the toilet on their own
- Ensure that any 'accidents' or the need to assist a child are recorded and shared with families in order to help with increasing toileting independence
- Treat the child in a sensitive manner when toileting accidents occur, reassuring and emotionally supporting the child
- Wash their hands after assisting a child (see appendix 5)

## ii. Showering

Showering facilities are a requirement for the school in order to hold a licence for toddler provision. In Asia Pacific Schools, children up to the age of 5yrs of age are offered the opportunity to shower before taking their afternoon nap. Showering is not compulsory.

In order for the school to provide supervised showering the following must be in place

- Written permission from parents and the Head of School will be obtained before staff assist a child with showering. This will be kept in the child's file. (see Appendix 3)
- Parents must provide suitable showering products, towels and a change of clothes daily; all clearly labelled for their child.
- Fresh clothes and a clean dry towel should be ready prior to commencing the showering of a child.
- Only one child may be showered at a time
- Boys and girls will have separate showering cubicles
- There must always be 2 adults present whenever a child is being showered.
- Any concerns about the physical, emotional health or welfare of a child must be reported to the Designated Safeguarding Lead immediately
- Staff must aim for minimum physical contact with a child who is showering and avoid confusing touch or touching a child in the area of their genitals.
- Adults must wash their hands prior to and after showering children.
- Staff will not make inappropriate comments about children's bodies
- Children's privacy must be respected.
- The recording either through photography or video of a child whilst showering or using the toilet is strictly forbidden
- Other children must not be able to view the showering procedure.
- Non – slip mats must be used both inside and outside the shower

The Facilities Manager will ensure

- A cleaning schedule is in place to maintain children's toilets in a clean and hygienic condition at all times
- Staff will ensure that showers are cleaned prior to use to avoid any cross contamination of bacteria (e.g. veruccas)
- All hazardous and/or dangerous materials are labelled and stored in a locked cupboard out of reach of children
- Children's bathrooms are cleaned daily.

### *Health/Personal Care Plans*

Some children who require more regular assistance with intimate care will be supported to become as independent as possible through the development of an individual health or personal care plan agreed by staff, parents/guardians 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.

Where relevant, it is good practice to agree with the pupil's and parents'/guardians' appropriate terminology for private parts of the body and functions and this should be noted in the plan.

Where an Individual Health/Personal Care Plan is not in place, parents/guardians will be informed the same day if their child needs help with intimate care needs (e.g. 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, and not through the homework diary.

### *Record Keeping.*

Accurate records should also be kept when a child requires assistance with medical 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. (see appendix 4)

For those with medical needs these records will be kept on file by the Nurse and available to parents/guardians on request

Staff must only carry out activities that they understand and feel confident and comfortable with. If in doubt, they must seek further assistance. Some procedures must only be carried out by members of staff who have been formally trained eg use of hoist.

### *Reporting Duties*

If any unusual markings, discolouration, or swellings are observed this must be reported immediately to the Designated Safeguarding Lead.

If a child is accidentally hurt during intimate care or misunderstands or misinterprets something, staff must reassure the child, ensure their safety, and report the incident to the Designated Safeguarding Lead. Staff must report and record any unusual emotional or behavioural response by the child.

### ii. Physical intervention and restraint

- Reasonable force will only be used in the best interests of the pupils
- Reasonable force will be used in the context of the whole school positive behaviour management policy
- Reasonable force will only be used rarely, after all other de-escalation strategies have been tried and there is clearly no alternative approach which would work in the circumstances
- Reasonable force will only be used where a pupil is in danger of injuring themselves or other pupils or adults
- Reasonable force will not be used punitively
- All staff must act immediately to stop a child from harm or coming to harm. Those who have had specific training in the use of Physical Restrictive Intervention should be the first to step in if present.

The following are examples of when the use of physical restraint may be considered necessary

- A pupil attacks a member of staff or another pupil
- Pupils are fighting
- A pupil is engaged in, or is on the verge of committing, deliberate damage or vandalism to property
- A pupil is causing, or at risk of causing, injury or damage by accident, by rough play, or by misuse of dangerous materials or objects
- A pupil is running in the playground in a way in which he or she might have or cause an accident likely to injure him or herself or others
- A pupil absconds from a class or tries to leave school (N.B. this will only apply if a child could be at risk if not kept in the classroom or within the school grounds)

We will only use physical restrictive handling as a last resort where all other possible de-escalation strategies have been used and where there is a significant risk of harm occurring.

Staff will aim to prevent the use of physical restrictive handling by using positive behaviour management (see behaviour policy) unless the situation calls for immediate action and will only be used to restore safety for all children.

Within our duty of care, staff may use physical restrictive handling if a child is trying to leave the setting and would be at risk of harm. This policy extends beyond the setting boundaries when staff have charge of children off site.

Physical Restrictive Handling will never be used out of anger or as a punishment, and will always be necessary, reasonable and proportionate.

#### *Method*

A member of staff who knows the child best, typically their key person or back-up key person will be involved in keeping the child safe. All other methods of behaviour management will be considered/used before any physical intervention is used. This would include a range of approaches such as humour, distraction, relocation and offering choices.

#### *Proactive prevention*

Where an individual child's behaviour means that they are likely to require physical restrictive handling, we will discuss this with the parents and set out a physical handling plan. This plan would specify the staff member(s) most appropriate and other methods to be used to support the child and maintain their physical and emotional health and the training needed for those staff. Other professionals appropriate to the child may be consulted in the making of the plan.

These plans will be reviewed at least half termly and more often if there are major changes in the child's behaviours. Only staff who have had specific training in the use of Physical Restrictive Intervention may use it.

Where it is judged necessary, and only after suitable training, staff will:

- Aim for side-by-side contact between adult and child to reduce the risk of being injured.
- Aim for no gap between the adult and child body to reduce the risk of impact and damage.
- Aim to avoid holding the pupil at joints to avoid pain and damage.
- Aim to avoid lifting the pupil.
- Aim to not restrict the pupil's ability to breathe.
- At no time will a pupil be forced to spend time alone in a locked room.
- After Physical Restrictive Intervention the situation will be reviewed and a handling plan will be made.

#### Recording of Positive Handling/Physical Restraint Events

Staff must report all serious incidents to the head of their section of the school and fill in the proforma found in appendix 1

***Unsafe Touch: –Unacceptable Physical Contact***

Staff must not act in a way that might reasonably be expected to cause injury, fear, confusion or could be construed as grooming for example by:

- holding a child by the neck or collar, or in a way that may restrict their ability to breathe
- slapping, hitting, smacking, punching or kicking a child
- twisting or forcing limbs against a joint
- tripping up a child
- holding or pulling a child by the hair or ear
- holding a child face down on the ground
- over direction- pushing, pulling (except in an emergency to protect from harm)
- unwanted or unnecessary touching of a child personally or with objects (e.g. pencil, pen ruler).
- Initiating, permitting or requesting inappropriate or unnecessary physical contact with a child ( e.g massage, kisses, tickling,)
- facilitating situations which unnecessarily result in close physical contact with a child
- inappropriate use of physical restraint/restrictive practices
- carrying children
- touch between the waist and the mid-thigh or near the chest
- allowing children to sit on a knee for an unspecific reason or for an overly long period of time
- sitting on an adult's shoulders

Children touching you in private areas, between the legs, breasts, invasions of personal space etc- must be reported straight away to The Designated Safeguarding Lead using MyConcern Online platform.

Other signs to look out for:

- Over seeking hugs or cuddles. Staff question why the pupil is like this and report their concerns. Pupils should be gently and sensitively discouraged – use replacement gestures i.e. high 5

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UPDATED 15 April 2024/ Abu

## Appendix 1 Physical Restraint Record

### Report of Incident involving Physical Restraint or Reasonable Force Associated with Serious Incidents

Date/Time/Location			
Name and d.o.b. of child needing to be restrained			
Other pupils involved			
Witnesses			
Reason force was necessary – tick as required			
Defence/self-defence	<input type="checkbox"/>	Immediate or imminent risk of injury to another child	<input type="checkbox"/>
Immediate or imminent risk of injury to themselves	<input type="checkbox"/>	Immediate or imminent risk of injury to an adult	<input type="checkbox"/>
Immediate risk of significant damage to property – including serious vandalism	<input type="checkbox"/>	There was clearly no alternative which would work in the circumstances	<input type="checkbox"/>
Other (explain)			
Type of force used			
Physically interposing between children	<input type="checkbox"/>	Blocking child's path	<input type="checkbox"/>
Holding/restraining – give description of restraint	<input type="checkbox"/>	In extreme danger- pushing or pulling	<input type="checkbox"/>
Leading a child by the hand	<input type="checkbox"/>	Shepherding a pupil away by placing a hand in the centre of the back	<input type="checkbox"/>
Other: (explain)			
Description of incident (how it began and progressed, steps taken to defuse or calm the situation, degree of force used, how it was applied and for how long) Draw maps as required.			

continue on back

Child's response/outcome

Details of any injury or damage to property

Any other consequences?

Any additional notes

Signed:	Date:

Appendix 2: – Exemplar safe and unsafe touch

Reason for Contact	Acceptable Contact	Unacceptable Contact
Consoling and reassuring a child who was upset, possibly due to an accident or disagreement, or maybe a child struggling to separate from a parent or carer.	Cuddling a child, sitting a child on your knee. Occasionally, when separating a child from a parent or carer, it is necessary to physically remove/transfer the child to a member of staff, with adult's consent. Sitting a child on an adult knee	"Kissing Better"
Toileting children who still require adult support.	Lifting, supporting children on the toilet. Wiping bottoms following a bowel movement. Older children will be encouraged to do this for themselves. The toilet door will always be left open but modesty will be preserved. Adults will always talk to children about what is happening and why.	Never touching a child's private areas. The adult may direct a child's hand to assist them.
Changing the clothing of a child who may have soiled themselves.	Quickly undressing and redressing the child. May involve removing underwear and replacing with clean clothes. Cleaning soiled body parts with antiseptic wipes. Colleagues will always be made aware that a child and staff member have left the room to deal with soiling.	Intimate or sustained contact with child's body
Restraining a child for their own protection or the protection of others	Holding a child across their bodies from behind, using gentle to firm pressure as necessary until the child has calmed down sufficiently. Guiding children by the shoulders away from the situation using the "Mitten Grip".	Unacceptable force eg causing reddening of the skin or bruising. "Gripping" children with fingers apart.

Helping with dressing up clothes, adjusting clothing	General contact with the body	Intimate or sustained contact with the body.
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(eg tucking in shirts, vests etc into skirts/trousers).		
Holding hands such as for reassurance, in circle games and role play or for safety reasons eg crossing the road	Gently holding hands. "Over Grip", adult placing hand under child's arm and over the top of their hand	Unacceptable force.
Sitting children on an adult's knee eg for sharing a story, reinforcing good behaviour or at a child's request.	Putting arm or arms around the child.	Intimate contact. Sitting child face to face and astride an adult.
Rough and Tumble Play, Physical play.	catching child as part of an agreed game, holding child around upper body eg assisting them on bikes, climbing frames, swings, climbing outdoor equipment. Although games may be child led, there are incidences where these may be adult led. It is vital any contact must be on the child's terms and with their willing participation. The adult must always be sensitive to the child's feelings and body language as they may not always communicate verbally.	Tickling, piggy backs,, unreasonable force, intimate contact.

Appendix 3: Permission to administer toileting/showering assistance

Date	
Name of child	D.O.B
<p>I give permission for staff at Asia Pacific Schools to assist my child with toileting needs and /or showering. (delete as necessary). We do not accept children who are still in nappies except for Toddler Programme.</p> <p>I understand that my child will be encouraged to be as independent as possible. This means that my child will only be assisted where absolutely necessary and in order to maintain a safe and healthy environment</p> <p>I agree to provide clearly labelled clothes, towels and toiletries for my child, if showering.</p> <p>I understand that Asia Pacific Schools requires two adults to be present when assisting a child with showering.</p> <p>I understand that if any staff have any concerns about a child's welfare they have a duty to pass it onto the schools' Designated Safeguarding Lead.</p> <p>I agree to notify the school of any medical concerns that may affect the health of other children or adults e.g. veruccas, head lice, ring worm, scabies etc</p> <p>I agree to notify the school of any allergies my child has</p> <p>I understand that the final decision to give permission for toileting/showering assistance lies entirely with the Head of School and that permission can be withdrawn if there are any concerns.</p> <p>Signed..... Date.....</p>	
For Office use	
Permission granted..... Date.....	
Permission not granted..... Date.....	
Parent contacted..... Date.....	

**Appendix 4: Exemplar record of toileting/showering/medical intimate care assistance (other methods of recording are acceptable)**

Name of Child	Date and time of day	Type of assistance given – shower / toileting/medical intimate care	Staff 1 present	Staff 2 present

**Please note any child welfare and /or health and safety concerns here: (record to be reviewed daily by EY/TP coordinator)**

Name of Child	Date and time of day	Type of assistance given – shower / toileting/medical intimate care	Staff 1 present	Staff 2 present

**Please note any child welfare and /or health and safety concerns here: (record to be reviewed daily by EY/TP coordinator)**

# How to Wash Your Hands

### The Importance of Hygiene

In certain types of business, hygiene is a legal requirement, such as where food is handled. For other workplaces it is still essential.

**Essential reasons:**

- Washing hands prevents the spread of germs which lead to diseases such as flu, stomach bugs and even potentially fatal diseases such as MRSA.
- Contamination on the hands can get onto food, cigarettes etc.
- Contamination can also be passed onto others such as children.

**Employers must provide hand-washing facilities that are well stocked and suitably sited.**

Hand washing facilities must be provided in toilet areas and close to food preparation areas. The facilities must include a basin with hot and cold water, liquid soap and paper towels with a waste bin.



### Hand Wash Procedure

<b>1</b> Wet your hands with water.	<b>2</b> Apply enough handwash/soap to cover your hands.	<b>3</b> Rub hands palm to palm.	<b>4</b> Rub right palm over the back of your left hand and vice versa.
<b>5</b> Palm to palm with fingers interlocked.	<b>6</b> Backs of fingers to opposing palms with fingers interlocked.	<b>7</b> Rotational rubbing of left thumb clasped in right palm and vice versa.	<b>8</b> Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.
<b>9</b> Rinse your hands with water.	<b>10</b> Dry your hands thoroughly with a single use towel.	<b>11</b> Use the towel to turn off the tap.	<b>12</b> Your hands are now safe!

### Do's and Don'ts

**Do:**

- Use a hand cream or lotion, especially if you have to wash your hands regularly.
- Let your hands dry before putting on gloves.

**Wash hands before:**

- Treating cuts.
- Handling food.
- Visiting places with sick people or small children.

**Wash your hands after:**

- Using the toilet.
- You have touched a contaminant e.g. rubbish.
- You blow your nose or sneeze, even if you use a tissue.

**Don't:**

- Turn the tap off with clean hands.
- Use excessively hot water to rinse your hands.

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## Splash Soap Rinse Dry



with me daily splash



with me January Soap



with me Rinse Rinse



with me Air Dry

**Join the Clean Team... wash your hands and stop the spread of germs!**



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