



**Dorothy Barley Junior Academy**  
**INTIMATE CARE POLICY**



**This policy was devised and adopted in March 2015**

**Last reviewed in July 2023**

**Next Review: September 2025**

**Related policies and guidance:**

Safeguarding & Child Protection

Health and Safety

All SEND and Inclusion Policies

LBBD Bodily Fluids Guidance

**1. Introduction**

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas. In most cases, such care will involve cleaning for hygiene purposes, as part of a staff member's duty of care. In the case of a specific procedure, only persons suitably trained and assessed as competent should undertake the procedure.

The issue of intimate care is a sensitive one and requires staff to be respectful of the child's needs. The child's dignity will always be preserved with a high level of privacy, choice and control. There will always be a high awareness of child protection issues.

Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

The following policy is a model based on best practice.

**2. Aims and Objectives**

Dorothy Barley Junior Academy is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all children with respect when intimate care is given. No child will be attended to in a way that causes distress or pain.

**2.1 Intimate care can include:**

- Feeding
- Oral care
- Washing
- Bathing/showering
- Dressing / undressing

- Toileting
- Menstrual Care
- Treatments such as enemas, suppositories, enteral feeds
- Catheter and stoma care.
- Supervision of a child or young person involved in intimate self-care.
- Applying/renewing dressings

### **3. Our approach to 'best practice'**

The management of all children with intimate care needs will be carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance. Any child with intimate care needs 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 him/herself as s/he can. This may mean, for example, giving the child responsibility for washing themselves.

#### **3.1 Menstruation**

- School will have a selection of sanitary products available for children
- A change of underwear available in school if needed or parents can provide this
- The procedures for soiling will be applied in the case of any incidents, e.g. the child to do as much of it independently as possible and parents will be informed

#### **3.2 For children attending residential trips**

- A change of underwear available, provided by the school but at the location if needed or parents can provide this
- The procedures for soiling will be applied in the case of any incidents, e.g. the child to do as much of it independently as possible and parents will be informed

#### **3.2 Changing Facilities**

Children who have long-term incontinence will require specially adapted facilities. The dignity and privacy of the child should be of paramount concern. The school has a designated Hygiene Room to facilitate the changing of children. This is located along the corridor to the Dining Hall.

### **4. The Use of Individual Intimate Care Plans**

These plans will be drawn up for particular children as appropriate to suit the needs and circumstances of the child (see Appendices 1-3). Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted. At all times one child will be catered for by two adults to ensure appropriate safeguarding procedures are in place. Children must never be toileted by a lone adult.

Ideally, staff should only care intimately for an individual of the same sex. However, at

Dorothy Barley Junior Academy this principle may be waived due to the lack of male staff and where failure to provide appropriate care would result in negligence.

Intimate care arrangements will be discussed with parents on a regular basis recorded on the child's care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing.

Parents of pupils with regular soiling/wetting will be encouraged to leave a change of clothes in the Academy for the use of their child.

## **5. The Protection of Children**

Education Child Protection Procedures and Inter-Agency Child Protection procedures will be adhered to. All children will be taught personal safety skills carefully matched to their level of development and understanding. If a staff member has any concerns about a child's physical changes (bruises, marks etc.) they will immediately report concerns as per school procedures.

If a child becomes distressed or unhappy regarding being cared for by a particular member of staff, the matter will be looked into, parents will be consulted and outcomes recorded. Staffing schedules will need to be altered until the issue is resolved as the child's needs remain paramount. If a child makes allegations against a member of staff, necessary procedures will be followed.

## **6. Children Wearing Nappies**

Any child wearing nappies will have an intimate care plan which must be signed by the parent/carer. This plan will outline who is responsible in school for changing the child, and where and when this will be carried out. This agreement allows school and parents to be aware of all issues surrounding the task from the outset. Parents have a role to play when their child is still wearing nappies. The parent should provide nappies, disposal bags, wipes; changing mat etc. and parent should be made aware of this responsibility. The Academy is responsible for providing gloves, plastic aprons, a bin, non-allergic wet wipes, and liners to dispose of any waste.

## **7. Health & Safety Guidance**

Staff should always wear an apron and gloves when dealing with a child who is soiled or when changing a nappy. Any soiled waste should be placed in a polythene waste disposal bag and sealed. The bag should then be placed in a bin, (with a liner) specifically designed for such waste. This bin should be collected on a weekly basis as part of the usual refuse. It is not classed as clinical waste. Please see Appendix 4 for further guidance.

## **8. Special Needs**

Children with special needs have the same rights to privacy and safety when receiving intimate care. Additional vulnerabilities (any physical disability or learning difficulty) must be considered when drawing up care plans for individual children. Regardless of age and ability, the views and emotional responses of children with special needs should be actively sought when drawing up or reviewing a care plan.

## **10. Physical Contact**

All staff engaged in the care and education of children and young people need to exercise caution in the use of physical contact.

Staff must be aware that even well-intentioned contact might be misconstrued by the child or an observer. Staff must always be prepared to justify actions and accept that all physical contact is open to scrutiny.

The expectation is that when staff make physical contact with pupils it will be:

- For the least amount of time necessary (limited touch)
- Appropriate, given their age, stage of development and background
- In response to the pupil's needs at the time
- Arrangements must be understood and agreed by all concerned, justified in terms of the child's needs and consistently applied and open to scrutiny.
- Where possible, consultation with colleagues should take place where any deviation from arrangements is anticipated. Any deviation from the agreed plan must be documented and reported.
- Extra caution may be needed where a child has previously suffered abuse or neglect. This may lead to staff being vulnerable to allegations of abuse.
- Many such children are needy and seek out inappropriate physical contact. In such circumstances staff should deter the child, seek witnesses and document and report the incident.

All administration of intimate care will be recorded on a pupil record sheet (appendix 3) and signed by the members of staff.

Intimate care plans will be reviewed on an annual basis or more frequently if needed. A new one will be started at the beginning of each academic year.

Appendix1:

**Dorothy Barley Junior Academy**  
**Intimate/Personal Care Plan**

<b>Child's name</b>	<b>Date of birth</b>	<b>Year Group</b>	<b>Class</b>
<b>Name of staff involved</b>			
<b>Area of need</b>			
<b>Frequency of support</b>			
<b>Any other details</b>			
<b>Working towards independence</b>	<b>The child will try to:</b>		
	<b>Staff assisting will support by:</b>		
<b>Date Devised</b>		<b>Review Date</b>	
<b>Agreed and signed by parents/carer:</b>	<b>I understand that:</b> <ul style="list-style-type: none"> <li>• I give permission to the Academy to provide appropriate intimate care support to my child e.g. changing soiled clothing, washing and toileting;</li> <li>• I will advise the headteacher of any medical reason my child may have which affects issues of intimate care;</li> <li>• I understand that the intimate care provided for my child at Academy will be given by familiar members of staff;</li> <li>• I understand that the members of staff providing the care for my child have had appropriate training, including in Child Protection.</li> </ul>		<b>Parent/Carer name:</b>  <b>Parent/Carer signature:</b>
<b>Agreed and signed by staff involved</b>	<b>I have read and understood the school's Intimate Care Policy</b>		<b>Staff member name:</b>  <b>Staff member signature:</b>

**Appendix 2:**

**Dorothy Barley Junior Academy Toilet Management Plan**

<b>Child's name</b>	<b>Date of Birth</b>	<b>Support staff name(s)</b>	<b>Class teacher</b>

**Support Staff /Class teacher**

*As the person helping you in the toilet you can expect me to do the following:*

- I will stop what I am doing to help you in the toilet as soon as you ask me;
- I will avoid all unnecessary delays;
- When you use our emergency agreed signal, I will stop what I am doing and come and help;
- I will treat you with respect and ensure privacy and dignity at all times;
- I will ask permission before touching you or your clothing;
- I will check that you are as comfortable as possible, both physically and emotionally;
- If I am working with a colleague to help you, I will ensure that we talk in a way that does not embarrass you;
- I will look and listen carefully if there is something you would like to change about your Toilet.

**Child**

*As the child who needs help in the toilet you can expect me to do the following:*

- I will try, whenever possible to let you know a few minutes in advance, that I need to go to the toilet, so that you can come and help me;
- I will try to use the toilet at break time or at the agreed times;
- I will only use the agreed emergency signal for real emergencies;
- I will tell you if I want you to stay in the room or stay with me in the toilet;
- I will tell you straight away if you are doing anything that makes me feel uncomfortable or embarrassed;
- I will work with you to practice the things I need to do to become more independent in using the toilet.

We will review this agreement on: \_\_\_\_\_

Signed:

Child (if appropriate): \_\_\_\_\_

Parent/Carer: \_\_\_\_\_

Support staff: \_\_\_\_\_

Class teacher: \_\_\_\_\_

**Appendix 3**

<b>Child's name:</b>		<b>Date of birth:</b>	<b>Class:</b>
Date: Time (start and end)	Procedure:		Staff involved:
Date: Time: (start and end)	Procedure:		Staff involved:
Date: Time:	Procedure:		Staff involved:
Date: Time:	Procedure:		Staff involved:
Date: Time:	Procedure:		Staff involved:
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Date: Time:	Procedure:		Staff involved:

**Dorothy Barley Junior Academy Intimate Care Record Sheet**

## Appendix 4: LBBD Bodily Fluids Guidance

### Introduction

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This guidance has been reviewed with the involvement of Occupational Health, Safety and Wellbeing, Housing Localities and our in house Building Cleaning services.

Body fluids, including blood, vomit, saliva and excrement should be treated carefully, as potentially they may be infected with harmful viruses or bacteria such as Human Immunodeficiency Virus (HIV), Hepatitis A and B/C/D/E (known as blood borne viruses – BBVs), Tuberculosis, Polio and Diarrhoea - these are all commonly termed as Communicable Diseases.

For a comprehensive list and useful information, please follow the links below provided by the Gov.uk, Public Health England and Health and Safety Executive.

- [www.gov.uk/health-protection/infectious-diseases](http://www.gov.uk/health-protection/infectious-diseases)
- <http://lbbdstaff/HR/Pages/Body-Fluids.aspx>

Where the possibility exists for employees to come into contact with body fluids, an assessment should be made to determine the risk of exposure, and what measures can be taken to reduce the risk.

This guidance will help with the development of both a risk assessment and safe system of work for dealing with body fluids. See body fluids risk assessment template. In addition to safe systems of work, and good infection control measures (see below) there is likely to be the need for consideration for some occupational groups to be provided with vaccinations to prevent diseases.

Further information on vaccinations can be found in the following link:  
<http://lbbdstaff/HR/Pages/Occupational-Health.aspx>

### Good Practice

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Schools, nurseries, care establishments, other similar workplaces and occupations requiring the clean up of body fluids and hypodermic needles, provide an ideal source for the transmission of communicable diseases. This may be due to large numbers of young or more vulnerable people in close contact with each other, who may require assistance with personal hygiene, and may have reduced immunity to infection and communicable diseases. Also there may be viruses contained in the blood, nappies, needles and other body fluids cleaned up in the community by our employees e.g. Housing Caretakers, Cleansing officers and Building Cleaners etc.

Good infection control measures are essential to protect employees, children and service users. This can be achieved through education, awareness and safe systems.

The assistance of everyone involved in the care of children, vulnerable people, and body fluids clean up is invaluable in highlighting possible problems, so that the spread of infection can be prevented or controlled and normal day to day activities maintained.

### Basic Good Hygiene

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Safe precautions/protocols should be adopted by employees when dealing with body fluid spills, sharps, splash injuries or performing first aid.

When developing a common protocol, it may be helpful to consider the following:

- Treat all blood and body fluids as being potentially infectious
- Wash hands, cover cuts or open lesions on exposed areas of the body with a waterproof plaster and put on your protective gloves/disposable apron prior to cleaning up any body fluids
- Protect eyes and mouth from being splashed with body fluids (consider the use of Personal Protective Equipment (PPE)) e.g. when jetting out Schmitt/Johnsons or hosing down blood
- Remove disposable PPE (remove by pulling inside out to contain any body fluids) and double bag for disposal
- Thorough washing and drying of hands after dealing with blood, other body fluid secretions, using the toilet and before handling food
- Ensure employees and managers are aware of the need to report and take appropriate precautions if they suspect or are confirmed as having an infectious disease. It may be necessary to liaise with Occupational Health, Safety and Wellbeing or GP for advice

### Contact with Needles and Associated Injuries

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Some employees may need to clear up discarded needles, others may accidentally come across them but both may result in needle stick injury which could lead to blood borne viruses (BBV) such as HIV or Hepatitis B/C/D/E. See further information about these BBVs in the following HSE guidance link:  
<http://www.hse.gov.uk/pubns/indg342.pdf>

#### Prevention

Wherever possible avoid hand contact with needles. Collect the needle by using a litter picker, lifting it away from you and into a sharps box. If such equipment is not readily available, think of other alternatives accessible to you e.g. tongs, dustpan/brush and safe receptacle that won't puncture easily e.g. jar/lid or metal can.

#### Action and support after possible infection with a BBV

If you have sustained a needle stick injury or contaminated with blood or other body fluids, take the following action without delay:

- wash splashes off your skin with soap and running water



## Appendix 2: LBBD Bodily Fluids Guidance

- if your skin is broken, encourage the wound to bleed, do not suck the wound – rinse thoroughly under running water
- wash out splashes in your eyes using tap water or an eye wash bottle, and your nose or mouth with plenty of tap water – do not swallow the water;
- record the source of contamination
- report the incident to your supervisor, line manager and Occupational Health, Safety and Wellbeing as prompt medical advice is important and you should have access to speedy support, advice and reassurance. The circumstances of the incident need to be assessed and consideration given to any medical treatment required.

Treatment may be required following infection with a blood borne virus, but to be effective, it may need to be started quickly. If your exposure occurs during core office hours you should contact Occupational Health on 0208 227 3509. If exposure is outside of this time, attend Queens's hospital (nearest) Accident and Emergency department for advice, without delay.

The Employee Assistance Programme can assist with medical enquiries and offer support in confidence, contact them by phone on 0800 243 458 or log on via this link: <http://lbbdstaff/HR/Pages/Employee-Welfare-Line.aspx>

### Special Considerations for First Aiders

If you are a first aider in the workplace, the risk of being infected with a blood borne virus while carrying out your duties is small. There has been no recorded case of HIV or Hepatitis B virus (HBV) being passed on during mouth-to-mouth resuscitation. However, the following precautions should be taken to reduce the risk of infection:

- wash and dry hands
- cover any cuts or grazes on your skin with a waterproof dressing
- wear suitable PPE such as disposable gloves, apron when dealing with blood or any other body fluids
- use suitable PPE such as eye protection and a disposable plastic apron where splashing is possible
- consider the use devices such as face shields when you give mouth-to-mouth resuscitation, but only if you have been trained to use them
- remove disposable PPE (remove by pulling inside out to contain any body fluids) and double bag for disposal
- wash your hands after each procedure.

It is not normally necessary for first aiders in the workplace to be immunised against Hepatitis B virus, unless the risk assessment indicates it is appropriate.

As a first aider it is important to remember that you should not withhold treatment for fear of being infected with a blood borne virus where suitable controls are in place, see above.

### Spillages

Blood and other body fluid spillages should be dealt with promptly. A typical procedure for cleaning is set out below; however, your risk assessment may require a variation on this procedure. Procedures should be written down and provided to those required to clean spillages.

- restrict access to the area
- wear gloves (non latex) to protect hands
- use additional PPE, as needed such as disposable leak-proof apron and/or eye protection
- use disposable absorbent towels to soak up the majority of the body fluid
- clean with an appropriate disinfecting solution (see recommended kit section)
- "contaminated towels, waste and disposable PPE should be "double bagged" and disposed of in domestic waste
- wash hands thoroughly with hot soapy water and dry fully

\* If a blood spillage comes from a person with a known communicable disease, it should be treated as clinical waste and not be disposed of with normal domestic waste. It should be placed in a clinical waste bag (ideally) or doubled bagged and clearly labelled 'Clinical waste' ready for collection by an approved contractor. See 'Council clinical waste collection' below.

### Kit

It is recommended that all items needed for cleaning spillages of blood or body fluids are kept together in a designated and secure workplace area, to which all trained employees have access.

A spillage kit typically includes:

- disposable plastic apron
- disposable non latex gloves
- sterile eye wash/wipes (for those employees who work out in community and do not have access to running water)
- disposable shoe/boot protector (to prevent body fluids trapped in soles contaminating surfaces)
- clinical waste bags
- detergent
- disinfectant /blood spill products
- when cleaning up blood, mops with disposable heads (for discarding via clinical waste) should be used because of the contamination risk of BBVs. Mops used to clean up other small body fluid spillages should be washable type and cleaned in cleaning equipment sink (not a kitchen sink), rinsed with a disinfecting solution and dried with mop head upwards.
- disposable paper towels
- plastic bucket/bowl

## **Disposal of Waste**

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A risk assessment, as required by Control of Substances Hazardous to Health (COSHH) Regulations, should be carried out on any waste generated. Certain waste is classified as clinical waste and its collection, storage and disposal is subject to strict controls. Clinical waste includes waste consisting wholly or partly of blood or other body fluids, swabs or dressings, syringes, needles or other sharp instruments, which unless made safe may be hazardous to any person coming into contact with it. Waste generated in the Council's Occupational Health service will be classed as clinical waste for medical reasons.

Human hygiene waste which is generated in places like schools and offices (as well as in the home) is generally assumed not to be clinical waste as the risk of infection is no greater than that for domestic waste. However, those carrying out the risk assessment may have local knowledge which means they cannot make this assumption. See previous notes in spillage section for advice with domestic type waste.

Further information on how to dispose of clinical and human hygiene waste can be found by contacting your local Environment Agency office (General Enquiry Line Tel: 03708 506506).

## **Council Clinical Waste Collection Arrangements**

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If clinical waste material needs to be disposed of, please contact one of the following procured companies as there is no in house service. The following officers may also be able to assist with enquiries: Janet Burke –0208 227 3413 Euan Beales – 0208 227 5226

- **PHS**  
01204 862361  
[suebarwiseball@phs.co.uk](mailto:suebarwiseball@phs.co.uk)