**St. Peter Apostle Junior National School**



**Intimate Care Policy**

**Policy Summary Details**

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| **Policy Title:** | Intimate Care Policy |
| **Written/Reviewed:** | 20th March 2024 |
| **Ratified by the BOM** | 11th April 2024 |

# Introduction

Intimate care is defined as ‘care tasks associated with bodily functions, body products and personal hygiene, which demand direct or indirect contact with or exposure of the sexual parts of the body. For purposes of this policy, we widen this definition to include the supervision of pupils while they are dressing and undressing as an additional aspect of intimate care in school life. It is essential that the child’s privacy and dignity are respected when carrying out intimate care, thus this policy and related procedures have been developed bearing in mind that all physical contact between staff and pupil:

* Should be aimed at meeting the needs of pupils
* Should respect the dignity of each pupil
* Should be consistent with professional integrity of staff members.

# 1. Vision and mission statement

We in St. Peter Apostle Junior school believe in the potential of each child. As a staff we seek to ensure that all children in our care have equality of opportunity to derive positive outcomes from their educational experience. In doing so, we endeavour to create a safe, happy, respectful, and inclusive learning environment, where the diverse needs of all different types of learners are catered for. It is envisioned that by providing an all-inclusive approach to education that the children in our school shall reach their academic potential whilst developing the confidence and courage to be fair, kind, moral, tolerant and respectful when acting in the world.

We strive to realise vision by seeking to:

* Craft a caring, supportive, nurturing and stimulating environment in which children’s social, emotional, spiritual and intellectual development is catered for,
* Develop children’s interests, talents and hobbies by providing a wide range of learning experiences,
* Harness the collective talents of all staff to ensure that all children, irrespective of their medical status and/or special educational needs feel cherished and thrive in dynamic educational settings,
* Provide tailored learning experiences for children who present with special educational needs (gifted or otherwise) by meeting children where they are at and building upon their strengths,
* Collaborate with colleagues and outside agencies to ensure focused and effective supports are in place to advance the social, emotional, and cognitive development of all the children in our care,
* Build strong and collaborative relationships with parents with a view to fine tuning and augmenting the supports that children receive in both the home and school,
* Promote a culture of inclusivity by ensuring that children across the school settings integrate as appropriate during tuition time, yard breaks and school events,
* Create an environment where all have freedom and opportunity to reach their full potential.

# 2. Linkage of the Intimate Care Policy to the Vision for the school

In line with the caring and respectful tenets of the vision for our school, it is our position that all pupils and staff members have the right to feel safe and be treated with dignity and respect. As such in this policy is premised on the following two aims:

* To ensure that the dignity and privacy of the pupil involved is paramount
* To develop a framework of procedures whereby intimate care requirements are dealt with in an appropriate manner.

#  3. Toileting “accidents” (mainstream setting)

**3.1 If the child does not need assistance**

* It is always good practice to only provide help that is required by the pupil. The teacher/SNA should encourage the pupil to do as much for themselves as possible. A teacher must always be cognisant of his/her duty of care regarding effective supervision of all the pupils in the class when assisting a pupil with toileting.
* The teacher/SNA will provide the pupil with a change of underwear, which the pupil uses to change his/herself. If necessary, the school will provide a complete change of clothes if possible. (if there are no clothes available there will be an attempt to ring home to request a change)

**3.2 If assistance is required**

* In the interests of protecting both the child and adults involved from any possible child protection breaches/allegations, a teacher/SNA should seek assistance from another staff member if he/she needs to provide intimate care to a child. However, in cases of emergency, a staff member may need to act alone.

**3.3 In all cases**

* If the pupil has soiled him/herself, the parents will be contacted and take the pupil home. In the event that a parent cannot be contacted, the teacher/SNA will do all that is necessary to make the pupil comfortable.
* Wet/soiled clothes will be put in a plastic bag and parents will be informed of what has happened when they collect their child. Parents are asked to return the clothes given to their child, washed and folded.
* A record of such incidents will be kept on the child’s file on Aladdin (mainstream) or on the child’s intimate care file/nappy changing record (Butterfly suite).
* Parents are informed of this procedure in the Junior Infants Induction meeting prior to their pupil starting school.
* Staff are required to wear protective gloves while changing a pupil.

# 4. Toileting accidents - Special class setting

* The personnel involved in intimate care needs of pupils are usually SNAs but teachers may be involved.
* There should be a minimum of two staff members present if at all possible. In an emergency situation, the teacher/SNA may have to act alone. Additional support will be provided by SNAs from another special class or mainstream SNAs if needed.

# 5. Parent responsibilities

Parents/guardians need to identify any toileting needs in their acceptance form. They should supply the school with the resources to carry out the toileting or other care needs, which may include, but not be limited to:

* Nappies
* Wipes
* Creams
* Nappy Sacks
* Spare underwear
* Spare clothes

# 6. Individualised intimate care plans for cases where specific toileting needs have been identified

In the event that a specific toileting need has been identified for a pupil, an “Individual Intimate Care Plan” will be developed in partnership with the pupil’s class teacher, designated SNAs and the pupil’s parents/guardians.

The Care Plan may include:

* Specific care need
* Number of staff required to meet the needs of the pupil
* Identification of the staff members involved
* Additional equipment required
* Pupil’s preferred means of communication to include agreed terminology for body parts and bodily functions.
* Pupil’s level of ability
* Cultural and/or religious sensitivities
* Signature of Class Teacher
* Signature of SENCO/Principal
* Date of Care Plan

# 7. Some general guidelines

## 7.1 Prior to the procedure

* Staff should familiarise themselves with the intimate care plan
* If an individual intimate care plan is in place, the staff involved should be fully aware of all aspects of the plan

## 7.2 During the procedure

* Ensure the child’s privacy and dignity are respected using doors appropriately.
* Ask other staff not to come in and out of the room during the procedure.
* If the procedure requires water, ensure the water is warm enough for washing.
* When carrying out care around bodily functions ensure the appropriate personal protection is used, i.e. gloves.

## 7.3 Following the procedure

* Ensure the child is left in a comfortable position following the procedure/ care activity.
* Decontaminate hands and dispose of all items used appropriately.
* Report the accident to the pupil’s parents.
* Document on the child’s file on Aladdin (Mainstream) or in the child’s intimate care file/nappy changing record (Butterfly suite).

**8. Catheterisation *(Clean Intermittent Catheterisation )***

***8.1******Expectation of the duty*** To carry out clean intermittent catheterisation so as to drain the bladder of urine. Procedure should be carried out while ensuring child’s dignity and privacy is respected.

**8.2** ***Who is assigned to the duty and how they are deemed appropriate***

Only trained staff members are appropriate to fulfil the duty. Personnel involved in CIC are usually SNAs, but teachers will be involved too, so as to ensure there is always a member of staff on the premises who is fully trained. Most up to date list of trained staff is with the Health and Safety representative.

***8.3******Training they will receive*** A full day of training will be delivered by a **qualified health care professional**.

This trainer will certify that all individuals completed the training satisfactorily and are deemed to be sufficiently trained to undertake CIC.

Following the above-mentioned training, parent of child in question will complete competency training with each member of staff involved where parent will declare in writing that they are happy for staff member to fulfil CIC duties with their child.

**8.4 *Standard Operating Procedure***

Staff should ensure the child’s privacy and dignity are respected at all times.

For detailed steps see Appendix 1: CIC Standard Operating Procedure

**8.5 Risk Assessment**

Risk assessment must be carried out and control measures be put in place

A fall off the bed – ensure side rail is secured

A fall out of the wheelchair – ensure brakes are on wheelchair securely

Breach of privacy – ensure doors are closed properly

False allegation - Two staff members attend procedure at all times

Breach of trust – Two staff members attend procedure at all times, record of personnel involved in CIC is maintained each time

Injury due to insertion of catheter – training from health care professional will help avoid this

Infection – staff members wear gloves and have excellent hand hygiene; staff members use two wet wipes to clean area before and after inserting catheter

# 9. Matters that should be reported to the Principal (our DLP) or in her absence the Deputy Principal (our DDLP)

The following concerns are examples of matters that should be reported directly to the Principal (DLP)

Whilst providing intimate care, a staff member:

* Accidentally hurts/injures the pupil.
* Observes something which raises pupil protection concerns.
* The pupil seems to misinterpret what is said or done.
* The pupil has an emotional reaction without apparent cause.
* Any incident that gives you cause for concern.

# 10. Success Criteria

The school evaluates the success of the policy through:

1. Participation of all staff in the policy
2. Safe and effective care of all pupils in our school
3. Feedback from all staff
4. Feedback from relevant parents/guardians

# 11. Ratification and Implementation

This policy was ratified by the Board of Management on \_\_\_11th April 2024\_\_\_\_\_\_

# 12. Review

It will be reviewed every three years, or before that if need dictates.

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|  | **Date:** |
| **Vivion Powney****(Chairperson)** |  |
|  |  |
|  | **Date:** |
| **Orla Healy** |  |
| **(Acting Principal)** |  |

**Appendix 1:**

**Standard Operating Procedure for Clean Intermittent Catheterisation**

1. Have all you supplies near and ready to use.

2. Wash your hands well with soap and water. Dry them well with paper towel. Alcohol gel can also be used.

3. Position the child comfortably.

4. Arrange the child’s clothes to allow for access and so they don’t get wet.

5. Find the urinary opening, take your time and make sure you can see clearly.

6. Put on gloves.

Boy: Hold the child’s penis straight. If the child is not circumcised, pull back the foreskin as far as it will go without forcing it. Look for the urethra/urinary opening.

Girl: Separate and hold the labia open with the fingers of one hand. Look for the urethra/urinary opening. It is positioned above the vagina.

7. Using wet wipes wash around the urinary opening (urethra). Begin at the opening and wash outwards in a circular motion. Repeat this twice more using a clean wet wipe each time.

8. Gently slide the catheter into the urinary opening and advance slowly until the urine begins to flow. (In boys, it may be necessary to hold the penis and/or hold it close to the tummy in order to allow the catheter to enter into their bladder).

9. **Never force the tube. If things don’t feel right, inform the child’s parent.**

10. Let all the urine flow out, either into a nappy or a urine container bag.

11. When the urine has stopped flowing, pull the catheter back 1-2cm and check for further drainage, if urine continues to flow, wait until the bladder has completely emptied.

12. Remove catheter.

13. For boys replace the foreskin to its correct position covering the head of the penis.

14. Praise the child and return clothing to normal position.

15. Dispose of the catheter and pull up.

16. Wash and dry your hands.