COLÁISTE BHAILE CHLÁIR

INTIMATE CARE POLICY

ADOPTED BY THE BOARD OF MANAGEMENT
21/3/2019

APPROVED BY CO. GALWAY ROSCOMMON EDUCATION AND TRAINING BOARD (GRETB
9 APRIL 2019

THIS POLICY HAS BEEN PREPARED IN CONSULTATION WITH PARENTS, STUDENTS, STAFF, THE BOARD OF MANAGEMENT AND GRETB

Introduction:

The intimate care policy and Guidelines regarding children have been developed to safeguard children and staff. They apply to everyone involved intimate care of children. All staff members and parents/guardians will be made aware of the schools Child protection policy along with the child protection procedures for primary and post primary schools published by the department of education and skills. Copies of these documents are available to staff and parents. Children's dignity will be preserved, and a high level of privacy, choice and control will be provided to them. Staff who provide intimate care to children will be required to familiarise themselves with the Child Protection procedures for primary and post primary schools published by DES. This guidance is based on good practice and practical experience of those working with children and young people requiring intimate care.

These guidelines should be read in conjunction with other polices our school holds

* Policy for inclusion of children with special needs

* Child Protection

* Health &Safety Policy

* Anti-Bullying Policy

In the rest of this document the term child/children will be used to refer to children and young people. The term parent /s is used to refer to carer's and legal guardians.

Definition of Intimate Care:

Intimate Care is defined as "care needs associated with bodily functions, body products and personal hygiene which demands direct or indirect contact with or exposure of the sexual parts of the body". This is any care which involves washing, touching or carry out invasive procedures that most children carry out for themselves but which some are unable to do due to physical disability, special educational needs associated with learning difficulties, medical needs or needs arising from the child's stage of development.

Intimate Care Tasks:

1. Assistance with eating
2. Oral Care (brushing teeth)
3. Hair Care
4. Skin Care or applying external medications
5. Dressing and undressing (Underwear and clothing)
6. Assisting with the use of the toilet
7. Changing soiled continence pads
8. Menstrual Care
9. Catheter care
10. Prompting to go to the toilet
11. Supervision of an individual involved in intimate self -care

Aims:

The aims of this policy are to give direction to staff with regard to supporting individuals in their intimate care in a way which promotes the dignity and privacy of the child while also protecting the integrity of staff members involved.

Principles:

This document embraces tenets of Every Child Matters.

- Every child has the right to feel safe and secure
- Every child has the right to be treated as an individual.
- Every child has the right to remain healthy
- Every child has the right to privacy and a professional approach from all staff when meeting his/her needs
- Every child has the right to information and support that will make enable him/her to make informed and appropriate choices.
- Every child has the right to be accepted for who they are, without regard to age, gender, ability, race, culture, or beliefs.
- Every child has the right to information and procedures for any complaint or queries he/she may have regarding intimate care.

Working with parents:

Partnership with parents is an important principle in any educational/care setting and is particularly necessary in relation to children needing intimate care. Much of the information required to make the process o intimate care as comfortable as possible is available from parents, including knowledge and understanding of any religious/cultural sensitivities. Parent should be encouraged and empowered to work with staff to ensure their child's needs are identified, understood and met.

For Special Educational Needs (SEN) children this may include involvement with individual Education Plans (I.E.P.s), Health Care plans and any other plans that identify the support of intimate care. Exchanging information with parents is essential through personal contact, telephone or daily correspondence. However sensitive information concerning intimate care should not be recorded in home/schoolbooks as it may contain confidential information that could be accessed by other people other than the parent staff member or child.

Writing an intimate Care Plan:

Guidelines for Good Practice

All children have the right to be safe and to be treated with dignity and respect. These guidelines are designed to protect Children staff regarding supporting individuals in their intimate care in a way which promotes the dignity and privacy of the child. Children with disabilities and special educational needs can be very vulnerable.

SEN:

- IEPs or Care Plans /Agencies involved.

- Toilet Management Plan for Children.
- Staff informed/trained, if required.
- Facilities appropriate and reviewed regularly.
- Communication with parents on an individual basis
- Parents to provide all personal care items their child may need.

Accidental:

- All staff will treat the child /student with respect and deal with accidents in a quiet and sensitive manner respectful of culture
- Support child in changing.
- Resources/ Facilities available
- Document record of intimate care intervention
- Communicate to relevant staff member and parents.

Toileting:

- Staff to support all children needing toileting in accordance to their development stage and/ or bowel/bladder control.
- Facilities and resources
- Parents to provide Personal Care items
- Personal Care Times to be recorded in Communication Book
- Sensitive Information to be passed on verbally

Links with other Agencies:

Positive Links with other agencies will enable school-based plans to take account of the knowledge skills and expertise of other professionals and will ensure the child's well-being and development remains paramount.

Basic principles when providing intimate care:

- Parents and (where appropriate) students should give their consent prior to the provision of intimate care.
- Students have a right to feel safe and secure.
- All Students have the right to personal privacy
- All Students receiving intimate care should be respected and valued as individuals. Individuals should be listened to and their views taken account.
- They should be treated courteously at all times and know who is looking after them.
- All students have the right to information and support to enable them to make appropriate choices
- All students have the right to be involved and consulted in their own intimate care and to the best of their abilities

- All students have the right to express their views on their own needs with their intimate care plan and have their opinion considered.
- Students have the right to knowledge of procedures of complaints and have their complaints investigated.
- All students intimate care plan should support the independence of the student to the best of their individual ability. Wherever and whenever possible

Pupil Voice:

Allow the student, subject to their age and intellectual ability express preference regarding the sequence of care.

Where there is any doubt that a child is able to make an informed choice on behalf of the student. It is responsibility of all the staff caring for a child to ensure they are aware of the child's Social, Intellectual and Emotional ability and it may need the assistance of 2 SNA's. This will be done on a needs-based assessment.

It is responsibility of all the staff caring for a child to ensure they are aware of the of how the student communicates and the level of their communication. Communication pro forma for Intimate Care

How I Communicate

Name: _____: **Date: _____/____/_____**

I communicate using words signs communications

book communication body movement

I indicate my likes/preferences by: _____

I indicate my dislikes by: _____

I show I am happy by: _____

Unhappy by: _____

If appropriate please complete the following

When I need to go to the toilet I: _____

When I need to be changed I: _____

Additional information: _____
_____
_____
_____
_____
_____
_____

Contact:

Mum:

Dad:

Other

Staff Development:

Staff should receive training in good working practices which comply with the schools Health and Safety Policy requirements.

Staff must be informed of the specific types of intimate care that carry out and fully understand the intimate care policy and guidelines within the context of their work.

Whole staff training should foster a culture of good practice and whole school approach to intimate care. It is imperative for the school and individual staff to keep a dated record of all training undertaken. The following guidelines should be used in training staff and those identified to support intimate care.

Teacher /SNA's should be able to:

- Sensitive student information should only be shared with those who need to know such as parents, members of staff specifically involved with the care of the student.
- Parents /Student should be consulted about arrangements of intimate care.
- Ensure staff are aware of the set procedure, the child protection policy and health and safety policy etc
- Ensure staff know who to ask for advice if they are unsure or uncomfortable about a particular situation.
- Ensure staff know of a whole school approach to intimate care. In addition, identified staff members should be able to;
- Access other procedures and policies regarding the welfare of the child e.g Child Protection
- Identify and use the form of communication that the student is most comfortable with.
- Communicate and involve the student in the intimate care process. Offer choices wherever possible.
- Develop, where possible greater independence with procedures of intimate care.
- Maintain confidentiality with children who discuss elements of their intimate care unless it is a child protection issue when child procedures must be followed.

Environmental Advice

Intimate care facilities, including: -

- Disabled toilets
- Changing table/bench
- Access to disabled shower facilities

Where children have long term in continence or a disability requiring regular intimate care, the school has specially adapted facilities

Catherisation:

Catherisation will be undertaken by the SNA where the child is unable to do so for themselves independently. There are several reasons why CiC may be needed.

- To become dry- some children have no bladder control and are wet all the time.
- To prevent repeated urine infections- some children who unable to empty their bladders completely are at risk of developing kidney damage.

Who can carry out CIC at School?

In most school Catherisation is usually carried out by a special need assistant (SNA). The SNA is responsible for this primary care need. No specific qualifications is required but the parents and child should feel comfortable, and give written consent for the procedure to be carried out. Training will be provided by the child's parent(s)/Guardians who can give clear instructions as to the specific care needs of their child.

It is important to ensure that the pupils dignity is respected at all times during activities where assistance is required. It is also pertinent that there are two/three additional staff members trained to perform this duty in the event of sick leave/annual leave. Adequate time/breaks need to allocated to perform this duty during the school day at specified time(s).

Only one SNA/Staff member should be present when catharising the child and this should form part of the SNA policy with in the school, this is to protect the dignity, welfare and respect of the child.

Training Programme:

When should training take place?

Training should take place as soon as possible. However, if the child is new to your school in September or if a new SNA needs to be trained to start catharising in September, we would suggest training by the parents is carried out in September and not in July so that the child and the new SNA are not left unsupported after summer holiday. If medical training is necessary, please contact your local Public Health Nurse or your local Continence Nurse for theoretical training. Written information on specific products products (Braun Coloplast etc) may be available, Contact SBHI FSW team for further information.

Equipment required for Catherisation:

- Disposable Cather (Supplied by Parents)
- Disposable gloves (Supplied by Parents)
- Disposable aprons
- Container/Measuring jug for collection
- Disposable wipes (supplied by Parents)
- Continence wear (if required supplied by Parents)
- Hot/cold running water
- Supplies of suitable cleaning materials; anti -bacterial spray, sterilising fluid, deodoriser, anti-bacterial hand wash. (Supplied by Parents)
- Supplies of appropriate clean clothing, nappies disposal bags and wipes (supplied by Parents)

- Changing mat or changing bench. Clean intermittent Catherisation is clean technique, so most importantly you need to wash your hands. Once you have washed your hands try not to touch anything other than the items you need to prepare for Catherisation. If equipment falls to the floor dispose of it.

REVIEW AND EVALUATION OF THIS POLICY

The implementation, monitoring and review of this policy will be a done by senior management in conjunction with the staff, parents and the board of management on an ongoing basis. It is envisaged that the policy would be reviewed on a formal basis two years after the date of adoption by the board of management.