Crosskeys National School Crosskeys Co. Cavan

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Eircode: H12Y998 Roll number: 19432k



March 2025

INTIMATE CARE & TOILETING POLICY

*** for Pupils with Specific Toileting/Intimate Care Needs.

This policy will be communicated to staff and the school community as appropriate and will be subjected to regular review.

In cases where a pupil has been enrolled in the school with Toileting/Intimate care needs, a meeting will be held with Principal/Deputy Principal, Class Teacher, SNA/s, Parent(s)/guardian(s) and if necessary, relevant outside professionals, for the purpose of clarifying the specific care needs relating to toileting and intimate care of the child, and how the school will meet them, will be clarified.

Matters to be address include the following:

- At all times the dignity and privacy of the pupil will be paramount in addressing intimate care needs.
- The promotion of self-care by the pupil him/herself will be encouraged in so far as it possible.
- Parents must provide the school with all necessary sanitary and other materials necessary to manage their child's toileting and intimate care needs.
- A record will be kept by the staff involved in the administration of the specific toileting/intimate care needs and this will be available to parents upon request.
- Parents will be required to sign the Toileting and Intimate Care Plan and this will be retained in the pupil's file. The details of this plan will be discussed with parents.
- School staff must wear protective gloves and will take all necessary precautions to ensure health and safety requirements are met and adhere to best practice in relation to child safeguarding.
- Toileting Accidents: In the case of a toileting accident, parents will be contacted when necessary and requested to come to the school with a change of clothing for their child, if this has not already been supplied. If accidents are likely to occur on an ongoing basis, parents will be requested to provide advance daily changes of clothes.

- Challenging Behaviour: In the case of challenging behaviour where a child refuses toileting, dressing or intimate care assistance, parents will be contacted immediately and will be requested to come to the school in the best interest of the child's dignity, health and safety.
- Child Protection: Child Protection procedures will be adhered to at all times, in accordance with the School's Child Safeguarding Statement. All members of staff carrying out intimate care needs are vetted upon appointment to the school in accordance with National Child Protection Guidelines.

The date from which the policy will apply is the date of adoption by the Board of Management. Implementation of the policy will be monitored by the Principal of the school.

Intimate care & Toileting Policy ratified by the Board of Management of Crosskeys National School on 27-03-25.

To be reviewed regularly.

Signed by: Donal Kilduff

Fr. Donal Kilduff

Chairperson of the BOM

Date: 27-03-25

Signed by: Niall Gurhy

Niall Gurhy

Principal/Secretary to the BoM

Date: 27-03-25



Crosskeys National School Intimate Care Plan

Name of pupil	
Date of Birth	
Class	
Parents/Guardians	

<u>Tasks</u>	Requires Intimate Care intervention from staff	Student can perform with supervision/minimal assistance from staff
Toileting		
Menstruation		
Hand Washing		
Dressing and Undressing		
Supported Eating (including tube		
feeding)		
Administering Medicines		

Facilities/equipment required	Yes/No	<u>Comments</u>
Changing table		
Grab rails		
Step		
Disposal unit/bin		
Hoist		
Other moving & handling equipment		
Emergency alarm		
Other		

Supplies	Family Supplies	School Supplies
Pads/nappies		
Wipes		
Spare clothes		
Antiseptic Cleanser		

Cloths/paper towels		
Soap		
Disposable gloves & aprons		
Disposal Sacks		
Sterilising Fluid and equipment		
Other		
<u>Staff Members</u>	<u>Details of Training</u> <u>Required (if necessary)</u>	Training Given (date)
	Comments	
I/We give permission for Cross I/We will advise the school of medication is changed or my co	es that will be carried out if nece	e intimate care to my/our child. of personal care (e.g. if
1. Signature:	Date:	
Name:	Relationshi	p to child:
2. Signature:	Date:	
Name:	Relationshi	p to child:

Intimate Care & Toileting Log

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SNA:	<u>Time:</u>	Comment (if necessary)
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