St. Mary's Secondary School Nenagh

Intimate Care Policy

1. Introduction and Rationale

St. Mary's Secondary School Nenagh is committed to providing a safe, caring and inclusive environment where all students are supported to participate fully in school life with dignity and respect. This policy outlines the school's approach to intimate care provision for students who require assistance due to disability, medical needs, or temporary incapacity.

The policy ensures dignity, safety and respect whilst safeguarding both students and staff in accordance with the *Children First Act 2015*, Department of Education guidance, Circular 0030/2014, and the school's Child Safeguarding Statement and Risk Assessment. It recognises that students requiring intimate care support are particularly vulnerable and ensures staff act with appropriate sensitivity and professionalism.

This policy applies to all staff, students and parents/guardians and should be read in conjunction with the school's Child Safeguarding Statement, Administration of Medicines Policy and the school's Health and Safety Statement.

2. Definition of Intimate Care

Intimate care may be defined as any activity required to meet the personal care needs of each individual student. Such care needs may be associated with bodily functions, body products and personal hygiene involving direct or indirect contact with or exposure of intimate parts of the body.

2.1 Intimate care can involve:

Direct support - physical contact between student and staff member, which may involve touching of both intimate and non-intimate body parts.

Indirect support - supervision, observation and prompting of the student to complete personal and intimate care tasks independently or with minimal intervention.

2.2 Intimate care tasks can include:

- Assistance with toileting and general hygiene (including catheterisation and stoma care)
- Menstrual care including personal hygiene
- Administration of medicine.
- Assistance with mobility and orientation.
- Assisting teachers to provide supervision in the class and school grounds.
- Non-nursing care needs associated with specific medical conditions i.e. epileptic seizures or for students of fragile health.
- Care needs requiring frequent interventions including withdrawal; of a student from a classroom when essential.
- Assistance with moving and lifting of students, operation of hoists and equipment.
- Assistance with severe communication difficulties and for students with physical disabilities and sensory needs, and those with significant and identified social and emotional difficulties.

This list is not exhaustive.

3. Key Principles

Every student has the right to:

- **Be safe** - All intimate care arrangements prioritise student safety and comply with child protection procedures. Staff work within clear boundaries and protocols.
- **Personal privacy** - Privacy is maintained appropriate to the student's age, situation and developmental level. Intimate care takes place in designated private spaces with appropriate safeguards.
- **Be valued as an individual** - Each student's unique needs, preferences, cultural background and religious beliefs are recognised and respected in all intimate care planning and provision.
- **Be treated with dignity and respect** - Students are addressed courteously and age-appropriately. Staff demonstrate respect through their demeanour, communication, appearance and discretion when discussing the student's needs.
- **Be consulted and involved** - Students are consulted in planning their intimate care to the fullest extent possible. Their preferences regarding routine, terminology, staff members and procedures are sought and respected.
- **Express views and have them considered** - Students have opportunities to communicate their feelings about intimate care arrangements. Feedback mechanisms ensure student voice is heard and acted upon.

- **Consistency in care** - Named staff members provide intimate care according to agreed plans, ensuring familiarity and reducing anxiety for students.
- **Know who is looking after them** - Students are informed about which staff members will be providing intimate care and are introduced appropriately to any new staff.
- **Information and support** - Students receive appropriate information about their intimate care needs and the support available, enabling them to make informed choices where possible.
- **Independence** - All intimate care plans are designed with the goal of promoting maximum independence and self-care skills. Students are supported to do as much as possible for themselves.
- **Have concerns addressed** - Students know how to raise concerns about intimate care and can be confident that issues will be taken seriously and addressed promptly.

4. Roles and Responsibilities

4.1 Board of Management:

- To approve and review this policy at least biennially
- To ensure adequate financial resources for facilities, equipment and training
- To ensure appropriate insurance and indemnity arrangements are in place
- To monitor implementation through engagement with the Principal
- To ensure compliance with all relevant legislation and Department circulars

4.2 Principal:

The Principal has the overall responsibility for implementing this policy. This includes:

- Ensuring all staff providing intimate care hold current Garda vetting.
- Ensuring all staff complete Children First training (minimum every two years).
- Arranging specialist training in manual handling, catheterisation, stoma care etc. as required.
- Addressing any resource deficits or facility issues promptly.
- Ensuring appropriate facilities are maintained and equipped.
- Dealing with any parental concerns or complaints.
- Liaising with external agencies and health professionals.
- Reviewing incidents and ensure learnings inform practice.
- Signing Individual Intimate Care Plans.
- Reporting to the Board of Management on policy implementation.

4.3 Deputy Principal:

- Assumes the role of Principal in the absence of the Principal.
- Supports the implementation of this policy.

AEN Co-Ordinator:

The AEN Co-Ordinator has the following responsibilities

- To oversee the development of all Individual Intimate Care Plans.
- To act as primary contact for parents/guardians regarding intimate care.
- To convene meetings with parents/guardians, students and relevant professionals.
- To ensure plans are developed, reviewed annually and updated as needs change.
- To share plans with relevant staff whilst maintaining confidentiality.
- To monitor implementation and compliance with procedures.
- To ensure adequate supplies and resources are available.
- To support staff through supervision and guidance.
- To co-ordinate training needs with Principal.
- To liaise with the Principal to address concerns raised by students or staff.
- To maintain a secure filing system for all intimate care documentation.

Designated Liaison Person (DLP):

The Designated Liaison Person (DLP) in St. Mary's Secondary School is the Principal. The DLP's responsibilities are set out in accordance with the Child Protection Procedures for Schools (revised 2025) and the school's Child Safeguarding Statement and Risk Assessment. The responsibilities of the DLP are:

- To ensure all intimate care arrangements comply with Children First and child safeguarding requirements.
- To receive and act upon any child protection concerns arising from intimate care provision.
- To investigate any allegations or concerns according to agreed procedures
- To liaise with Tusla and Gardaí as required.
- To provide guidance to staff on safeguarding aspects of intimate care.
- To ensure recording and reporting procedures are followed.

The Deputy Designated Liaison Person (DDLP) assists the DLP in this regard. In the absence of the DLP, and where the DLP is uncontactable, the DDLP assumes the role of DLP.

Special Needs Assistants (SNAs):

Special Needs Assistants have a central role to play in the provision of intimate care. Their responsibilities are:

- To provide intimate care only as outlined in the Individual Intimate Care Plans where specifically assigned and trained.
- To attend all relevant training including Children First, manual handling and specific procedures.
- To implement individual intimate care plans with sensitivity and professionalism.
- To explain procedures to students and obtain witnessed consent before commencing.
- To maintain accurate records of all intimate care episodes.
- To communicate any concerns immediately to the Principal.
- To inform AEN Co-ordinator when supplies are running low.
- To work collaboratively with colleagues in two-person teams.
- To participate in review meetings.
- To maintain strict confidentiality.
- To promote student independence at all times.

Teaching Staff:

All teaching staff are well placed to identify student needs. With this in mind, the responsibilities of teachers are:

- To identify students who may require intimate care support.
- To refer intimate care needs promptly to AEN Co-ordinator.
- To never provide intimate care without proper authorisation, correct training or beyond the remit of any agreed plan.
- To support positive attitudes and understanding among the student body.
- To be alert to signs of distress or concern in students requiring intimate care
- To report any safeguarding concerns to DLP.
- To facilitate student participation in all school activities.

Parents/Guardians:

The relationship between parents/guardians and school staff is essential in the provision of effective intimate care. Parents/Guardians are required:

- To provide accurate and comprehensive information about their daughter's intimate care needs.
- To participate actively in planning meetings and reviews.
- To sign consent forms and Individual Intimate Care Plans.
- To supply necessary resources including spare clothing, continence products, menstrual supplies and specialist equipment as agreed.
- To maintain adequate supplies and replace as needed in timely manner.
- To keep school updated immediately on any changes to needs or procedures.
- To attend school trips where agreement to support intimate care needs.
- To inform school of absences and any relevant health updates.
- To work in partnership with school staff.
- To engage with review arrangements regularly and to provide feedback.

5. Individual Intimate Care Plans

Each student requiring intimate care will have a comprehensive **Individual Intimate Care Plan** developed through collaborative consultation.

5.1 Planning Meeting:

The following personnel will be involved in the planning meeting:

- Parents/guardians (essential)
- The student (where appropriate)
- AEN Co-ordinator (essential)
- Named SNAs who will provide care (essential)
- Deputy Principal or Year Head (may attend)
- Relevant health professionals (occupational therapist, public health nurse, continence advisor) as appropriate
- Principal (essential)

The purpose of the planning meeting is as follows:

- To establish a relationship of trust and open communication.

- To clarify the specific intimate care needs of the student.
- To identify how the school can best meet those needs within available resources.
- To determine whether direct or indirect support is required.
- To identify strategies to promote independence and self-care skills.
- To agree named staff members who will carry out specific tasks as part of the intimate care plan (core team and backup arrangements).
- To ensure that a plan is in place for any staff absences.
- To discuss the student's preferences regarding routine, language, staff.
- To identify and plan for any cultural or religious considerations.
- To agree resource provision responsibilities.
- To establish communication channels between home and school.
- To set review dates.

5.1 Individual Intimate Care Plans must include:

Student Information:

- Name, date of birth, year group, class
- Medical diagnosis or condition (where relevant)
- Contact details for parents/guardians (home, mobile, work numbers)
- GP and hospital contact details
- Emergency contact information

Care Requirements:

- Detailed description of intimate care tasks required
- Specification of direct or indirect support for each task
- Frequency and timing of care needs
- Specific procedures including step-by-step guidance where necessary
- Manual handling requirements and techniques
- Use of specialist equipment where applicable (e.g. hoists, changing beds, catheters, stoma equipment)

Staffing:

- Name core staff members (minimum two)
- Backup staff arrangements

- Staff training completed and dates
- Arrangements for staff absences (may include parental attendance at school)

Resources and Equipment:

- Clarification regarding items supplied by school (e.g. gloves, aprons, wipes, disposal bags, cleaning materials)

  Clarification regarding Items supplied by parents (e.g. spare clothes, continence products, menstrual supplies, specialist equipment)
- Storage arrangements (e.g. dedicated locker, specific room)
- Schedule for replenishing supplies

Facilities:

- Designated location(s) for intimate care (e.g. specific room, accessible toilet)
- Description of privacy arrangements
- Equipment available at location

Communication:

- Preferred terminology for body parts and functions
- Method of explaining procedures to student
- How consent will be sought and witnessed
- Communication between home and school
- What information will be shared and with whom this will be shared with

Promoting Independence:

- Description of current level of independence
- Specific strategies to develop self-care skills
- Steps the student can complete independently
- How to encourage progression towards greater independence
- Target goals for skill development

Safeguarding:

- Confirmation that two staff will be present
- Arrangements for obtaining and witnessing consent
- Recording procedures
- What constitutes a concern and reporting procedures

Emergency Procedures:

- Actions to be taken if a student refuses consent, and whom is to take those actions
- Actions if student becomes distressed
- Medical emergency procedures
- Who to contact in various scenarios

Review Arrangements:

- Date of initial plan
- Next review date (minimum annually, at start of each academic year)
- Arrangements for interim reviews if needs change
- Process for updating plan

Signatures:

- Student signature (where appropriate) and date
- Parent(s)/guardian(s) signature(s) and date
- AEN Co-ordinator signature and date
- Principal signature and date
- Date plan shared with named staff

Distribution:

- Original in student support file (locked cabinet)
- Copy to parents/guardians
- Working copy accessible to named staff
- Information shared on need-to-know basis only

6. Procedures and Good Practice

Staffing Arrangements:

- **Two-person protocol**: Two members of the SNA team must be assigned for all intimate care interactions. This protects both students and staff.
- **Gender considerations**: For female students, staff members providing intimate care must be female. This respects dignity, privacy and cultural/religious sensitivities.
- **Direct intimate care**: Where direct physical contact is required, both staff members remain in the room with the door closed to ensure privacy whilst maintaining safeguarding oversight.

- **Indirect intimate care**: Where the student can complete most care independently with supervision or prompting, one staff member remains in the room while the second staff member waits immediately outside.
- **Named staff only**: Only staff specifically named in the Individual Intimate Care Plan provide intimate care. This ensures consistency, training compliance and accountability.
- **Staff absence**: When named staff are unavailable, parents/guardians must be contacted. Arrangements should be agreed in advance (e.g. parent attendance at school, alternative named staff, or student remains at home). The school will endeavour to provide maximum notice.
- **Staff changes**: Any change in staff providing intimate care must be discussed with parents/guardians and the student before implementation, and the Individual Intimate Care Plan updated, signed and dated accordingly.
- **Male staff**: Male staff do not provide intimate care to female students unless exceptional circumstances exist and specific parental request and approval is documented.

Please note that, in the event of an emergency situation, a male or female staff member who is not named in the Individual Intimate Care Plan may provide support and/or care to a child.

Obtaining Consent:

Written parental consent is essential before any intimate care is provided. Consent is specific to the care outlined in the Individual Intimate Care Plan and must be renewed if circumstances change.

Student consent must be sought immediately before each intimate care interaction. This is facilitated as follows

- One staff member explains what they are about to do using language agreed in the care plan.
- The staff member explains how they will do it, step-by-step.
- The staff member asks the student for verbal consent to proceed.
- The second staff member witnesses this consent.
- Both staff members initial the record sheet to confirm that consent was obtained and this was witnessed.

If consent is not given or the student appears distressed, care should stop immediately. Staff should:

- Provide reassurance
- Try to ascertain why the student is uncomfortable

- Contact AEN Co-ordinator
- Contact parents/guardians
- Complete a concern record
- Never proceed without consent except in emergency situations where delay would cause harm

Environment and Facilities:

Designated spaces: Intimate care takes place only in pre-agreed designated facilities such as a designated room or accessible toilet with appropriate facilities.

Privacy with safeguarding: Facilities provide privacy whilst ensuring staff are not isolated from colleagues. Privacy signage is displayed when room is in use.

Appropriate facilities: All intimate care locations have:

- Adequate space for student, two staff members and any required equipment
- Heating and ventilation for comfort
- Hot and cold running water
- Antibacterial hand wash and hand drying facilities
- Surfaces that can be easily cleaned and disinfected
- Appropriate lighting
- Emergency call system or phone access
- Storage for supplies and equipment
- Clinical waste disposal facilities
- Raised bed or changing table where required
- Hoist equipment where required
- Dignity screens or curtains where appropriate

The Principal will ensure that facilities are maintained in good working order, hygienically clean and adequately resourced.

Communication and Dignity:

- **Respectful communication**: Staff use respectful, professional, age-appropriate language at all times. Agreed terminology for body parts and bodily functions is used consistently.
- **Explain procedures**: Staff explain each step of the procedure before and during intimate care so the student knows what is happening and what will happen next.

- **Student involvement**: Students are encouraged to participate in their care, make choices where possible and express preferences.
- **Respect preferences**: The student's preference for sequence of care, products used, and other aspects are respected wherever possible.
- **Cultural and religious sensitivity**: Staff are aware of and respect any cultural or religious sensitivities related to intimate care, modesty and hygiene practices.
- **Dignity at all times**: Students are treated with dignity regardless of the intimate nature of care. Staff maintain professional composure and never express disgust, frustration or make inappropriate comments.
- **Promoting positive self-image**: Staff approach intimate care in a relaxed, matter-of-fact way that promotes positive body image and self-esteem. Students should never feel ashamed of their care needs.
- **Privacy**: Unnecessary exposure is avoided. Students are covered appropriately during care. Conversations about intimate care take place in private.

Promoting Independence:

- **Assessment**: Student's independence is assessed on an ongoing basis to determine current capabilities and potential for developing independence in intimate care tasks.
- **Encourage self-care**: Students are encouraged and supported to undertake as much of their intimate care as possible for themselves, including:
    - Going to toilet independently when able
    - Washing intimate areas themselves
    - Dressing and undressing themselves
    - Managing menstrual care products
    - Requesting assistance when needed
- **Skill development**: Individual Intimate Care Plans include specific strategies and goals for developing independence, with progress monitored and celebrated.
- **Appropriate assistance**: Staff provide the minimum level of assistance necessary, stepping back to allow the student to complete tasks independently wherever possible.

Health and Safety:

Personal Protective Equipment (PPE): The school provides:

- Disposable gloves (various sizes) - must be worn for all intimate care involving body fluids

- Disposable aprons - must be worn for protection
- Face masks if required for specific procedures
- Hand sanitiser and antibacterial soap

PPE usage: Fresh gloves and aprons must be used for each intimate care episode. There is no re-use of disposable gloves under any circumstances.

Hand hygiene: Staff follow HSE hand hygiene guidelines. These include:

- Washing hands before putting on gloves
- Wash hands immediately after removing gloves
- Wash hands before and after any intimate care episode

Infection control: Staff follow infection control procedures including:

- Safe handling and disposal of soiled items
- Use of antibacterial spray to clean all surfaces after each use
- Following specific protocols for blood spills or bodily fluids
- Cleaning specialist equipment according to manufacturer guidelines
- Not attending work if suffering from infectious illness

Waste disposal:

- Soiled continence pads, wipes and other contaminated materials are placed in yellow clinical waste bags
- Clinical waste bags are sealed and placed in designated clinical waste bins
- Clinical waste is collected and disposed of by licensed contractor in accordance with national guidelines
- Regular waste bins are never used for clinical waste

Manual handling:

- Staff receive manual handling training before assisting with lifting, transfers or positioning
- Specific manual handling procedures are documented in Individual Plans
- Appropriate equipment (hoists, transfer boards, slide sheets) is provided and maintained
- Risk assessments are completed for all manual handling tasks
- Staff follow safe lifting techniques at all times

- Students are never lifted or moved in ways that could cause injury

Equipment:

- All specialist equipment is maintained according to manufacturer instructions
- Regular safety checks are completed and documented
- Faulty equipment is taken out of use immediately and repaired or replaced
- Staff are trained in correct use of all equipment

Recording and Documentation:

- **Intimate Care Record**: A record is maintained for each intimate care episode, documenting:
- Date and time
- Procedure carried out
- Staff members involved (both initial)
- Consent obtained (staff member initials)
- Consent witnessed (second staff member initials)
- Staff question to student: "Was everything ok?"
- Student's response recorded
- Any concerns or questions noted

Secure storage: All intimate care records are stored securely in the student support file in a locked cabinet accessible only to authorised staff.

Confidentiality: Information about intimate care is shared only with those who need to know to provide care. Staff must not discuss students' intimate care needs inappropriately.

Review records: Records are reviewed regularly by SENCO to identify any patterns or concerns.

Retention: Records are retained in accordance with the school's Data Protection Policy and Record Retention Schedule.

Parent information: Parents/guardians are informed of:

- Any deviations from agreed procedures
- Any concerns or changes in needs
- Supply needs
- Progress towards independence goals

- Review meeting dates

Responding to Concerns During Intimate Care:

If anything unusual occurs during intimate care, staff must:

- **Stop if student distressed**: If the student appears uncomfortable, distressed or upset, stop the procedure immediately. Provide reassurance, try to understand the concern, and do not proceed until the issue is resolved.
- **Complete concern record**: Document what happened on the Intimate Care Record, noting:
    - Exact nature of concern
    - What was observed or said
    - Action taken
    - Who was informed
- **Report concerns immediately**:
    - Minor concerns (e.g., supplies running low, student preference) - report to SENCO
    - Child protection concerns - report immediately to DLP
    - Medical concerns - contact parents and/or emergency services as appropriate

Deviation from Plan:

- Any deviation from the agreed Individual Intimate Care Plan must be documented immediately
- The reason for the deviation must be recorded
- The AEN Co-ordinator and parents/guardians must be notified the same day
- The Principal must be informed
- The plan may need to be reviewed and updated

7. Child Safeguarding

Students requiring intimate care are particularly vulnerable to abuse. All intimate care practices prioritise safeguarding and comply with *Children First Act 2015* and school child protection procedures.

Staff must report immediately to the DLP if there are:

- **Physical signs**: The student seems unusually sore, tender, bruised or injured in any area including the genital area. Marks, swelling or injuries that are unexplained or inconsistent with known medical condition.
- **Behavioural changes**: The student misinterprets or misunderstands what is being said or done during intimate care. The student shows unusual fear, anxiety or distress during intimate care. The student has an emotional reaction without apparent cause.
- **Allegations**: The student makes any allegation against a staff member or another person.
- **Disclosures**: The student discloses abuse or makes statements that cause concern.
- **Accidental injury**: Staff accidentally hurt the student during intimate care provision.
- **Other concerns**: Any other observations or information

8. Health and Safety

- Appropriate PPE (disposable gloves, aprons) is available and used
- Infection control procedures are followed
- Clinical waste is disposed of in accordance with HSE guidelines
- Manual handling training is provided where lifting/positioning required
- Risk assessments are completed for all intimate care provision

9. Staff Support and Training

The school provides:

- Induction training on this policy for all relevant staff
- Specific training on individual student needs
- *Children First* training to be completed by staff at a minimum of every two years
- Access to occupational health support
- Regular supervision and opportunities to discuss concerns
- Clear procedures for reporting difficulties

10. Menstrual Care and General Support

Students who require assistance or supplies for menstrual care can access support through:

- Year Heads or designated staff members
- Emergency supplies are available
- SPHE education promoting positive menstrual health
- Discrete, non-stigmatising support arrangements (e.g. pastoral care supports)

11. Policy Review

This policy is reviewed every two years or following significant incidents/legislative changes, in consultation with parents, staff, and Board of Management.

Adopted: 16th April 2026
Review Date: April 2028
Signed: _____

(Chairperson, Board of Management)

Signed: _____

(Secretary, Board of Management)