

Glasnevin Educate Together National School,  
Griffith Avenue, Glasnevin, Dublin 11



# Intimate Care and Toileting Policy

## Children with Specific Toileting/Intimate Care Needs:

- In all situations where a pupil needs assistance with Toileting/intimate care, a meeting will be convened, after enrolment and before the child starts school
- Parents, Guardians, Principal, Class Teacher, SNA, and if appropriate, the pupil, will attend
- The specific care needs of the child, and how the school will meet them, will be clarified
- Personnel involved in this care will be identified
- Provision for occasions when staffs are absent will be outlined (e.g. Substitute SNAs will not generally be involved in intimate care. Any change of personnel will be discussed with the pupil, if appropriate
- Two members of staff will be present when dealing with intimate care needs
- Any changes will be discussed with parent/guardian and pupil and noted in writing to the pupil's file
- As far as possible the pupil will be involved in identification of his/her personal requirements, wishes, changes etc
- A written copy of the agreement will be kept on the pupils file
- Parent/Guardians will be notified of any changes from agreed procedures
- At all times the dignity and privacy of the pupil will be paramount in addressing intimate care needs
- Staff will wear protective gloves

## Toileting Accidents:

- At the Junior Infant induction meetings, the school procedures will be outlined to Parent/Guardians
- A supply of clean underwear, track-suit bottoms, wipes etc will be kept in the Junior Infants rooms.
- In the first instance, the pupil will be offered fresh clothing to clean and change themselves
- If, for any reason, the child is unable to clean or change themselves staff will clean /change the child, two members of staff, familiar to the child will attend to him/her
- Parent/Guardians will be notified of these accidents
- A record of the incident should be kept

This policy was adopted by the Board of Management on \_\_\_\_\_

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Chairperson of Board of Management

Principal

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date of next review: \_\_\_\_\_

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## **Parent/Guardian Consent for Intimate Care**

I \_\_\_\_\_, Parent/Guardian of, \_\_\_\_\_  
\_\_\_\_\_ give my consent for my child's toileting needs to be managed by his/her  
Teacher/SNA during school hours.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_