

# **Patrician Academy Combined PEG Feeding & Intimate Care Policy**

**School Address: Bowling Green, Mallow, Co. Cork**

**Roll Number: 62330U**

**School Patron: Most Rev Dr. William Crean, Bishop of Cloyne,  
Diocese of Cloyne**

**Reviewed & Ratified by the Board of Management on: 9<sup>th</sup> June 2026**

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# 1. Policy Statement

This policy sets out the framework for supporting students with **Percutaneous Endoscopic Gastrostomy (PEG) feeding needs** and **intimate care requirements** in a safe, respectful, and legally compliant manner. The school recognises the rights of students to access meaningful education and care, while protecting staff rights and adhering to best practice.

This policy is informed by:

- Department of Education & Skills guidance on SNA allocation and healthcare support
- **EPSEN Act 2004** – Education for Persons with Special Educational Needs
- NCSE guidance on health care support in schools
- Health & Safety legislation, including clinical risk management
- Insurance/Indemnity requirements for medical tasks

## 2. Purpose

- To ensure **safe administration of PEG feeding, stoma care, and intimate care**
- To clarify **voluntary participation of staff and competency requirements**
- To establish procedures for **emergencies, equipment maintenance, hygiene, and record-keeping**
- To ensure **student dignity, privacy, and participation** in care tasks

## 3. Scope

This policy applies to:

- All school staff (teaching and SNA)
- Parents/guardians
- Healthcare professionals
- Visitors or volunteers assisting with care

It covers:

- School hours
- Extracurricular activities
- School-provided transport

## 4. Definitions

- **PEG Feeding:** Enteral feeding via a gastrostomy tube
- **Stoma:** Surgical opening for PEG tube
- **Intimate Care:** Direct or indirect support with bodily functions, body products, or personal hygiene of intimate areas
- **Individual Care Plan (ICP):** Student-specific plan detailing medical, feeding, or intimate care requirements and emergency contacts

- **Competency Assessment:** Formal sign-off by a qualified healthcare professional confirming a staff member is competent to perform a task for a specific student

## 5. Governance & Legal Framework

- **Board of Management:** Ensures policy ratification, indemnity coverage, and resources
- **Principal:** Oversees policy implementation, staff training, and ICP compliance
- **Clinical Oversight:** The school does not provide medical advice; procedures must follow medical team guidance

## 6. Roles and Responsibilities

### 6.1 Principal

- Ratify policy and ensure BOM insurance indemnity
- Facilitate staff training and maintain Staff Competency Register
- Ensure private, hygienic facilities for PEG feeding and intimate care

### 6.2 Parents/Guardians

- Provide complete emergency kits and supplies for PEG feeding and intimate care
- Notify school of any changes in medical condition or care requirements
- Participate in ICP development and review

### 6.3 Staff (SNA / Teacher)

- Participation in care tasks is **voluntary**
- Only perform tasks for which they have been trained and assessed competent
- Follow daily logs, report concerns, and alert Principal/Parents for “red flags”

### 6.4 Healthcare Professionals

- Provide training, guidance, and competency sign-off
- Advise on infection control, equipment use, and emergency procedures

## 7. Individual Care Plans (ICP)

Each student requiring PEG feeding or intimate care must have an ICP including:

- Tasks required and support level (direct/indirect)
- Resources and equipment needed
- Risk management and positioning for PEG feeds (30°–45° upright)
- Stoma or hygiene care protocols
- Emergency contacts and procedures
- Staff assigned, with competency verification
- Review schedule (annually or upon medical/staff change)

## 8. Training and Competence

- Staff trained for one student **cannot provide care for another** without new competency sign-off
- Training refreshed **annually** or after equipment/procedure changes
- Training includes: PEG feeding procedures, stoma care, intimate care, infection control, manual handling, emergency response, and record-keeping

## 9. SNA Role and Refusal Rights

- SNAs may volunteer to assist with PEG feeding or intimate care **only if trained and competent**
- SNAs may **refuse tasks** if untrained, unsafe, or uncomfortable.
- Alternative arrangements (other trained staff or parent involvement) must be in place
- Staff should notify Principal of any care-related issues immediately

## 10. Hygiene, Privacy, and Dignity

- Students' privacy must be maintained at all times
- Tasks performed in private areas; visual or verbal cues used for communication
- Protective clothing (gloves, aprons) worn when appropriate
- Intimate care should involve minimal necessary physical contact, with respectful communication

## 11. Contingency Planning

- Volunteers may not always be available due to absence or illness
- A back-up trained staff member should be identified
- Parents will be contacted if no trained staff are available, and alternative arrangements made

## 12. Emergency Protocols

Scenario	Observation	Action
Aspiration Risk	Coughing, wheezing, blue lips	Stop feed, sit upright, call 999/112 if needed
Tube Displacement	PEG tube partially/fully out	Do not re-insert, cover stoma, call Parents
Blockage	Pump alarm / feed does not flow	Check for kinks, do not force, call Parents

Stoma Infection	Redness, pus, foul smell	Notify Parents, continue feed if safe
Leakage	Feed/stomach acid on skin	Stop feed, clean, check tube security, call Parents

### Toileting/Intimate Care Accidents

- Offer student fresh clothing first
- If assistance needed, **two staff present** for direct contact
- Record incident and notify parents

## 13. Record-Keeping

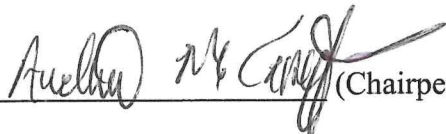
- ICP and consent forms
- Staff training & competency register
- Daily logs for PEG feeding and intimate care
- Incident reports

## 14. Review and Evaluation

- Policy reviewed annually by BOM alongside Child Protection Policy
- Monitored for effectiveness via feedback from students, parents, and staff
- Reviewed sooner if legislation, guidance, or care needs change

## 15. Ratification

Approved by Board of Management on: 9<sup>th</sup> June 2026

Signed:  (Chairperson)

Signed: Elaine O'Regan (Principal)

### Appendices

- **Appendix A:** Daily PEG Feeding & Intimate Care Log
- **Appendix B:** Staff Competency Register
- **Appendix C:** Emergency Protocol Quick Reference

## Appendix A – Daily PEG Feeding & Intimate Care Log

**Student Name:** \_\_\_\_\_

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

**Staff Member(s) Responsible:** \_\_\_\_\_

<b>Task / Time</b>	<b>Check / Action</b>	<b>Observations (Skin condition, student response, stoma/feed notes)</b>	<b>Staff Initials</b>
Environment / Hygiene	Hands washed, area cleaned		
Stoma Check	No redness, leaking, pain		
Positioning	Upright 30°–45°		
Pre-Feed Flush	___ ml	Time: ____	
PEG Feeding	Type: _____ Vol: _____ ml		
Post-Feed Flush	___ ml	Time: ____	
Post-Feed Rest	Student remained upright for 30 min		
Intimate Care Assistance	Task completed (toileting, changing, washing)	Student participation, any challenges, concerns	
Notes / Incidents			

**Parent/Guardian Notification (if incident occurred):** \_\_\_\_\_

**Principal Review / Signature:** \_\_\_\_\_

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## Appendix C – Emergency Quick Reference

Scenario	Observation	Immediate Action	Additional Notes
<b>Aspiration Risk</b>	Sudden coughing, wheezing, blue lips	Stop feed, sit student upright; call 999/112 if breathing laboured	Notify parents immediately
<b>Tube Displacement</b>	PEG tube partially/fully out	Do NOT re-insert; cover with sterile gauze; call parents	Stoma may close within 1–2 hours
<b>Tube Blockage</b>	Feed will not flow; pump alarms	Check for kinks, do not force; call parents	Do not attempt aggressive flushing
<b>Stoma Infection</b>	Redness, swelling, pus, foul smell	Continue feed if safe; notify parents to contact GP/Nurse	Monitor for systemic signs
<b>Leakage</b>	Feed or stomach acid on skin	Stop feed; clean skin; check tube balloon/bumper if trained; call parents	Apply protective barrier if advised
<b>Intimate Care Incident / Injury</b>	Unusual bruising, emotional distress, or pupil misinterpretation	Stop care task; report to Principal / Designated Liaison Person immediately	Follow Child Safeguarding procedures