**Introduction**

This booklet has been prepared to give advice to schools where a pupil requires **Clean Intermittent Catheterisation (CIC),** whether that is carried out by the child themselves or by a **special needs assistant** (SNA).

**What is CIC?**

Clean intermittent catheterisation (CIC) is a clean (not sterile), way to insert a catheter (hollow tube) into the bladder through a child’s existing urinary opening urethra, or a catheterisation stoma, to release urine and empty their bladder.

**Why is it done?**

Some medical conditions affect a child’s ability to pass urine. Some or all of the following may apply to your student.

1. Unaware of the feeling of having a full bladder.
2. Unable to initiate a void (to start urine flowing).
3. Is wet all the time.
4. Able to pass some urine but does not empty their bladder completely, leaving some behind.

Frequent urinary tract infections (UTI) due to stasis of urine, stale urine sitting in their bladder.

1. Kidney damage due to poor drainage of urine from the bladder, and repeated infections.

Some children are at risk of kidney failure over time if their bladder storage and drainage not managed by CIC. Their bladder should be emptied regularly and fully to avoid repeated infections and possible kidney bladder. This happens automatically when most of us pass urine.

CIC ensures the bladder is fully emptied and prevents overfilling, which can lead to kidney damage and urinary tract infections. CIC also promotes continence, allowing a child to become dry, perhaps wearing pants or pads instead of nappies. This helps to give children more confidence and a great sense of achievement.

**Where is CIC carried out?**

1. CIC can be carried out in any regular toilet facility or private area.
2. Boys may sit, stand or lie down. Girls can sit on the toilet or lie down.
3. Individuals who have reduced mobility or who require assistance may prefer to lie down.
4. Consider the child’s comfort and abilities before considering a location.
5. Some children will require a bench to lie down.
6. A toilet, sink, soap and paper towels are necessary.

The catheters and equipment used are supplied by child’s family and should be kept in a

locked press in a bathroom if possible. If this is not possible the child will bring their supplies

each day.

1. Toilet facilities should be clean and well-lit with a lockable door for privacy.

**Who can carry out CIC in school?**

In most schools catheterisation is performed by the SNA.

The SNA is responsible for this primary care need **(Department of Education and Skills Special Education Section: Circular 0030/2014).**

No specific qualification is required but the parents and the child should feel comfortable and give written consent for the procedure to be performed.

*Training will be provided by the parents who can give instructions to the specific care needs of their child. It is crucial that two or three additional staff members are trained to perform this skill in the event of annual leave or sick leave.*

**Training Programme**

The parents of your student have learned how to carry out Clean Intermittent Catheterisation (CIC) from the urology staff in the hospital their child attends or from a nurse in the community. **They have been deemed competent in the procedure by these trainers.**

They are therefore **competent practitioners** and best placed to demonstrate, teach and supervise the procedure on their own child, within the school setting.

This allows for multiple opportunities for carers to learn the procedure while supported by the parent.

Some carers will learn the procedure quickly but others may need to perform the procedure a number of times, with supervision by the parent, before they feel competent to perform it independently.

The child’s parents will provide support for as long as necessary.

It is in the parents and child interest that school staff are able to carry out CIC and, therefore, the parents and child are responsible for ensuring the procedure is being done correctly and on schedule.

Parents will be the first point of contact for school and will be responsible for providing supplies

If for any unforeseeable reason the school is unable to provide an SNA to carry out CIC the parents will be responsible to perform same.

**Anatomy of the Urinary System**

**Kidneys** The kidneys filter waste products from the body and remove it in urine. We have 2 kidneys

**Ureters** Narrow tubes, one from each kidney that brings urine from the kidneys to the bladder.

**Bladder** This organ stores urine until a suitable time to empty. The sensation of a full bladder prompts us to go to the bathroom

**Urethra** A tube that allows urine to flow from bladder to outside. This is a one- way system.

**Urine** The fluid made by the kidneys and excreted through the bladder and urethra. It should be straw coloured, and clear without an offensive smell.

**When to carry out CIC**

To drain urine well and prevent infections CIC must be carried our regularly.

CIC needs to be carried out at school as well as at home.

CIC only takes a few minutes so is usually carried out during break time.

Your student and parent will tell you what time suits them best.

**How to carry out CIC**

**What you need: Parents will provide the necessary equipment.**

* Catheter, size\_\_\_\_\_\_\_\_\_\_ French.
* Somewhere to wash your hands
* Paper towel to dry hands.
* A private area.
* Adequate lighting.
* Wet wipes for cleaning the urinary opening
* Something to collect the urine in if CIC is not carried out sitting on the toilet.

**Optional:** Latex free non sterile gloves. Parents do not need these but they are

recommended for SNAs and health care professionals. No other PPE should be required by SNA staff.

**CIC Procedure**

1. Have all your supplies near and ready to use.
2. Wash your hands well with soap and water. Dry them well with paper towel. Alcohol hand

gel can also be used.

1. Position the child comfortably.
2. Arrange the child’s clothes to allow for access and so they don’t get wet.
3. Find the urinary opening, take your time and make sure you can see clearly.
4. Put on gloves.

**BOY:** Hold the child’s penis straight. If the child is not circumcised, pull back the foreskin as far as it will go without forcing it. Look for the urethra / urinary opening.

**GIRL:** Separate and hold the labia open with the fingers of one hand. Look for the urethra / urinary. Opening. It is positioned above the vagina.

1. Using wet wipes wash around the urinary opening (urethra). Begin at the opening and wash

outwards in a circular motion. Repeat this twice more using a clean wet wipe each time.

1. Gently slide the catheter into the urinary opening and advance slowly until urine begins to flow. (In boys, it may be necessary to straighten the penis and / or hold it close to the tummy in order to allow the catheter to enter into their bladder).
2. **Never force the tube. If things don’t feel right see the problem-solving section below and inform the child’s parent.**
3. Let all the urine flow out, either into a nappy, a urine container, a bag or the toilet.
4. When the urine flow has stopped, pull the catheter back 1-2 cms and check for further drainage, if urine continues to flow wait until the bladder has completely emptied.
5. Remove catheter.
6. **For boys** replace the foreskin to its correct position covering the head of the penis (if the child is not circumcised.)
7. Praise the child and return clothing to its normal position.
8. Dispose of catheter, and empty, wash and dry the urine container if used.
9. Wash and dry your hands.

**Problem-solving**

* **Trouble passing the catheter:** This can be caused by increased sphincter (tight muscle) tone at the opening of the bladder due to anxiety or spasm.

If this happens ask the child to cough or laugh as this may allow the sphincter to open. If you still cannot pass the catheter, take a break and try again later. If problems persist contact the parents.

* **Bleeding:** Occasionally you may notice a small amount of blood on the catheter following CIC. This is nothing to worry about and should clear up quickly.

If there is a lot of blood it is important to let the parents know.

* **No urine flowing during CIC:** May mean the catheter is not in the right place.

If this happens:

**Boys;** gently advance the catheter; it may not have fully enter their bladder.

**Girls;** check that the catheter is not placed in the vagina. If you need to try again use a new catheter.

**Urinary Tract Infections (UTI)**

Urinary tract infections (UTIs) can occur in any child who is catheterised, however, good hygiene, technique with good bladder emptying make this less likely to happen.

**If you suspect a urinary tract infection please contact the child’s guardian.**

It is important to understand a child’s urine will change from time to time depending on what they are drinking.

If their urine looks cloudy, or has a foul smell but the child is in good form and seems well, try giving extra fluids to flush out and dilute any infection that may be brewing, and inform the child’s parent.

**Signs of urinary tract infections.**

* Cloudy urine or mucous in urine.
* Fever / temperature.
* Bladder spasms with incontinence / accidents between catheterisations.
* Blood in urine
* Urine has a foul smell
* Child feels unwell, has chills and is off form.

**Clean Intermittent Catheterisation**

This protocol for clean intermittent catheterisation has been developed to ensure the continu­ity of CIC between hospital, home and school.

This protocol should be reviewed on an annual basis.

School Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Head Teachers Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Review Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s consent to provide training**

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Request for CIC from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Support Worker/ SNA signatures

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to provide training and supervision for as long as necessary regarding clean intermittent catheterisation for my child to the following special needs assistants at my child’s school.

Signature of Parent / Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The SNA should watch the parent perform the procedure and begin carrying out CIC under their supervision when they feel confident to do so independently.

Name of SNA learning CIC:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| *Insert date and tick under appropriate boxes* | Observed by SNA | Performed by SNA | Performed by SNA | Performed by SNA |
| Gathers equipment. |  |  |  |  |
| Washes hands with soap and water |  |  |  |  |
| Makes the child comfortable and adjust clothing. |  |  |  |  |
| Identifies urethral opening. (Retracts foreskin in boys (If not circumcised). Separates labia in girls. |  |  |  |  |
| Cleans the urethral orifice using downward strokes ( X 3) with wet wipes |  |  |  |  |
| Inserts the catheter gently and advances slowly until urine begins to flow. |  |  |  |  |
| Holds catheter in place until urine has stopped flowing. |  |  |  |  |
| Slowly removes catheter ensuring no further drainage of urine. |  |  |  |  |
| The catheter should be placed into a nappy sack and disposed of in the household waste. |  |  |  |  |
| Make the child comfortable following procedure |  |  |  |  |

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| **Parent and SNA to sign when competent**  Signature of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I agree to carry out CIC as trained by : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of SNA :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of SNA learning CIC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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Name of SNA learning CIC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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