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| **School logo** | **School Name**  **Intimate Care Plan** | | | | | | | | | |
| **Name of child:** | | **Class and year group:** | **Teacher:** | | | **Date created:** | | **Planned Review Date:** | |
| **Photo:** | | | **People involved in creating the care plan:** | | **DOB:** | | |  | | |
| **SEN Status:** | | |  | | |
| **Background Information/ reasons for care plan:**   * Further information and support can be found at: eric (The children’s bowel and Bladder Charity):   <https://www.eric.org.uk/childrens-general-continence-flowchart>  <https://www.eric.org.uk/guides-to-childrens-bowel-and-bladder-problems> | | | | | | | | | | |
| **Other agencies involved:**   * School Nurse / Health Visitor * Bladder and Bowel Team * GP * EP * Early Help Worker / Social Worker | | | | | | | | | | |
| **Equipment Required:**   * Hot running water and soap * Potty * Paper towels * Aprons and gloves * Nappy bin * Toilet step * Special toilet seat * Nappy Bags (provided by home) * Supply of spare nappies / pull-ups, pads, nappy sacks and wipes (provided by home) * Spare Clothes (provided by home) | | | | | | | | | | |
| Area of need | | Details of assistance required: | | | | Adult responsible | | | | Signed and dated  (responsible adult) |
| Nappy Changing at school | | * Who will the pupil be changed by? * Where will the pupil be changed? Has a suitable toilet been identified? Are any adaptations required? * Will a second member of staff be within sight and/or hearing? * What type of change will it be? (Stand up/ Lie down) * What will happen to soiled or wet clothes? * Approximately how often will the pupil be changed? (E.g. break time, lunch time and just before home?) * Will the pupil be taken to the toilet at timed intervals, if potty training? * Where will this be recorded? (E.g. Record of Personal Care Intervention) * Any pupil or parental / carer preference for gender of carer providing intimate care? * What levels of assistance will be needed (e.g. undressing, dressing, talking, distracting, signing). | | | |  | | | |  |
| PE changing | | * Any actions required around changing for PE and ensuring respect and privacy? | | | |  | | | |  |
| Nappy Changing when swimming (if appropriate) | | * Home will provide appropriate-sized swim nappies for ??? to wear during swimming lessons. * Where will the pupil be changed? * Who will change the pupil? * What levels of assistance will be needed (e.g. undressing, dressing, talking, distracting, signing). * Will a second member of staff be within sight and/or hearing? | | | | . | | | |  |
| Arrangements for School Trips/ visits | | * ???? changing bag will be taken on school trips. * Equipment needed for the trip will be provided by home (nappies, wipes, nappy bags and spare clothes; trousers, socks and shoes) at least a day before the trip so staff can ensure a day-bag is packed and ready for ??? in advance. * School will provide: changing bag, gloves, and aprons. * ??? will be changed by TA or Teacher in the disabled toilet. Another TA/Teacher will be within sight and/or hearing. | | | |  | | | |  |

**Working towards independence:**

* Staff who provide intimate care will follow the advice from any professionals involved.

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| Targets: | Actions Required: | Signed and date  (responsible adult) |
| E.g. By the end of Year ??? will begin indicate to an adult, with words, signs, or symbols, when he/she is wet on 3 out of the 5 occasions observed. | * Are any rewards being used? |  |

This document should be shared with all members of staff supporting ???. It should be read carefully and signed by each adult involved.

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| **Name:** | **Role** | **Signature and Date** |
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In addition to the above members of staff, Senior Management are aware of, and have read, this Intimate Care Plan for ???.

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| Name and Role | Signature | Date |
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Parents / Carers have also read and supported the creation of this Intimate Care Plan and agree to support the proposed actions for ???.

Autumn Term:

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| Name and Relationship | Signature | Date |
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Spring Term:

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| Name and Relationship | Signature | Date |
|  |  |  |
|  |  |  |

Summer Term:

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| Name and Relationship | Signature | Date |
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