|  |  |
| --- | --- |
| **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.

|  |  |  |
| --- | --- | --- |
| 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.

|  |  |  |
| --- | --- | --- |
| **Name:** | **Role** | **Signature and Date**  |
|  |  |  |
|  |  |  |
|  |  |  |

In addition to the above members of staff, Senior Management are aware of, and have read, this Intimate Care Plan for ???.

|  |  |  |
| --- | --- | --- |
| Name and Role | Signature | Date |
|  |  |  |

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

Autumn Term:

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

Spring Term:

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

Summer Term:

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