

# Intimate Care Plan

Child or young person's name	
Date of birth	
Year group	
Educational setting	

**Date of plan:** .....

**Planned review date:** .....

(The plan should be reviewed at least annually or more frequently if the child's situation changes)

**Name and role of person(s) completing plan:** .....

.....  
 .....

## Family contact information

Parent/Carer 1	
Relationship to child	
Telephone number	
Email	
Parent/Carer 2	
Relationship to child	
Telephone number	
Email	
Siblings' names	

## Health care contacts

Specialist nurse	
Consultant	
General Practitioner	
Health Visitor/School nurse	

## Education contacts

Class teacher	
SENCo	
Other key support staff	

## Introduction to child/young person

Give brief details of child's interests, behaviour and relevant conditions, eg speech and language, mobility.

## Description of continence issues

## Goals for continence management

## Medication

If any medication needs to be taken in nursery/school refer to the nursery/school's medical policy and follow relevant procedures.

## Management and description of relevant routines

Consider details of drinking, toileting and changing routines, aides required, language used for consistency with home and any reward incentives.

## Details of help required for personal care, who will provide this, where and how

## Arrangements for sporting activities, school visits/ trips etc

## Details of staff training required/undertaken

Consider who has been trained, the training given, by whom with dates and signatures of trainer and staff member along with training requirements going forward.

## Use and disposal of continence products and aids

Include arrangement for soiled clothes and underwear, provision or new/spare equipment eg catheters, sanitary pads.

## Emergency situations

Describe what would constitute an emergency for the child and what action should be taken. Nurseries/schools should always act in line with their safeguarding, medical and first aid policies.

**Name of parent/carer:** .....

**Signature of parent/carer:** ..... **Date:** .....

**Name of school representative:** .....

**Role/job title of school representative:** .....

**Signature of school representative:** ..... **Date:** .....

**Name of child/young person:** .....

**Signature of child/young person:** ..... **Date:** .....