

# **Intimate Care Policy**

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## **Statement of intent**

**Name of school** takes the health and wellbeing of its pupils very seriously. As described in the Supporting Pupils with Medical Conditions Policy, the school aims to support pupils with physical disabilities and illnesses to enable them to have a full and rich academic life whilst at school.

The governing board recognises its duties and responsibilities in relation to the Equality Act 2010, which states that any pupil with an impairment affecting their ability to carry out normal day-to-day activities must not be discriminated against.

Pupils will always be treated with care, sensitivity and respect when intimate care is given, and no pupil will be left feeling embarrassed or as if they have created a problem.



Where more than one pupil requires intimate care, nappies, incontinence pads and medical bags will be disposed as follows:



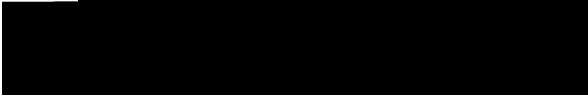






### Record of Intimate Care Intervention

|                        |      | Class/year group: |                 |                  |
|------------------------|------|-------------------|-----------------|------------------|
| Name of support staff: |      |                   |                 |                  |
| Date:                  |      | Review date:      |                 |                  |
| Date                   | Time | Procedure         | Staff signature | Second signature |
|                        |      |                   |                 |                  |
|                        |      |                   |                 |                  |
|                        |      |                   |                 |                  |
|                        |      |                   |                 |                  |
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|  |                             |
|--|-----------------------------|
|  | Class/year group:           |
| Name of personal assistant:                    |                             |
| Date:  | Review date:                |
| <b>Area of need</b>                            |                             |
|  |                             |
| <b>Equipment required</b>                      |                             |
|  |                             |
| <b>Locations of suitable toilet facilities</b> |                             |
|  |                             |
| <b>Support required</b>                        | <b>Frequency of support</b> |
|  |                             |

**Working towards independence**

| Pupil will try to | Personal assistant will | Parents will | Target achieved date |
|-------------------|-------------------------|--------------|----------------------|
|                   |                         |              |                      |

Signed \_\_\_\_\_ Parent

Signed \_\_\_\_\_ Personal assistant

Signed \_\_\_\_\_ Second member of staff

Signed \_\_\_\_\_ Pupil (where appropriate)