



Intimate Care Plan

Name of pupil	
Date of birth	
Address	
Name of the parent/carer/guardian	Name of staff
Contact Numbers	
Date Written	Review Date
Pupils' Condition	
Where the intimate care procedure take place.	
How the pupil will travel there e.g. walk, wheelchair.	
What equipment is required and where located.	
Description of transfer method.	
Adjustment of clothing.	
Method of cleansing including washing hands.	
Appropriate language e.g. names for body parts and functions.	
Number of staff i.e. one or two	
Pupil participation i.e. what can they do.	
Disposal	
Next target towards independence.	
Signature of parent/carer	Signature/s of staff involved with procedure/s