Intimate Care Plan

Confidential

Name		**Setting**	
Date of birth		**Year Group**	
Date of plan		**Date of Review**	

This plan has been agreed by:

Name	**Role**	**Signature**	**Date**
	Child/Young Person (CYP)		
	Parent/carer		

Gloucestershire COUNTY COUNCIL

Advisory Teaching Service

<table>
<tr><th colspan="5">CYP'S NEEDS</th></tr>
<tr><td>Diagnosis</td><td colspan="4"></td></tr>
<tr><td>Continence needs</td><td colspan="4"></td></tr>
<tr><td>Level of Support</td><td colspan="4"></td></tr>
<tr><td>Other Needs</td><td colspan="4">Individual Equipment/resources:
<u>Posture/mobility</u>
Splints ☐ Body brace/jacket ☐ Standing Frame ☐
Sticks/crutches ☐ Walker ☐ Gait Trainer ☐
Manual/Electric Wheelchair ☐ Other _____
<u>Manual Handling</u>
Hoist ☐ Sling ☐ Handling belt ☐
Sliding sheet ☐ Sliding board ☐ Other _____
<u>Continence</u>
Stoma Bag ☐ Catheter ☐ Pads/products ☐
Other _____
Additional Needs:
(e.g. sensory, other medical)</td></tr>
<tr><td>Other professionals involved (Form 1)</td><td>Yes/No</td><td>School support/EHCP links to Intimate Care Plan</td><td colspan="2">Yes/No</td></tr>
</table>

NEEDS IN SCHOOL

Where will intimate care take place in school?

Access Toilet (provide details, e.g. location)

Other

What equipment does the CYP need?
(See form 3 for detailed checklist)

Who provides this?

School (highlight as appropriate)

Plastic aprons	Latex-free gloves	Disposal system	Secure storage
Hand-washing facility with anti-bacterial liquid soap & paper towels/hand dryer		Accessible toilet, e.g. hand rails, step, etc	Home/school communication book

Pupil/Family (highlight as appropriate)

Pads	Wipes	Spare clothes & pants	Catheter/ equipment	Stoma bag

What adult assistance is needed?	**Where will records be kept?**

What does the CYP need to do?

Who will support the CYP? When?

Regular 1. 2. Staff training received Yes/no	Backup 1. 2. Staff training received Yes/no N.B. Need at least monthly experience of technique

When will the toileting take place? (Use Form 2 for exceptions)					
	Monday	Tuesday	Wednesday	Thursday	Friday
Beginning of day					
Morning Break					
Lunchtime					
Afternoon Break					
End of day					

How will the process be monitored & how regularly?	
E.g. School support or EHCP meetings/reviews Record chart Liaison with parents/carers	

Additional things to think about (e.g. reward system, time prompts, personalising toilet space)
Other issues to consider (e.g. anxiety, self-esteem, dignity, time out from learning, developing independence)

Data Protection Act - This information is being collected for the purpose of determining the educational needs of the named pupil, but may also be shared with other relevant professionals such as teachers, health and social workers etc, to inform their work.
The information collected may also be used for the wider purpose of providing statistical data used to assist with Monitoring provision and/or determining areas of need in order to target future resources. For further information please contact Advisory Teaching Service Tel: 01452 426955

CYP's Name: DOB: Confidential

Form 1

Name/Role	Contact address/phone/e-mail
Parent/carer	
School Nurse	
Continence Specialist Nurse	
Physiotherapist	
Occupational Therapist	
Hospital Consultant	
Hospital Consultant	
Hospital Consultant	
Hospital Education Service	
Advisory Teaching Service	
GP	

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CYP's Name: DOB: Confidential

Form 2

RECORD OF PERSONAL CARE INTERVENTION
BY EXCEPTION

Date	Time	Procedure	Staff signature	Second signature

CYP's Name: DOB: Confidential

Form 3

PERSONAL CARE FACILITIES & RESOURCES CHECKLIST

(to inform the Intimate Care Plan)

Facilities	Discussed	Action
TOILETING		
Suitable toilet(s) identified?		
Adaptations required?, e.g. seating system, grab rails		
Changing mat/table (easy clean surface)		
Easy to operate locks at suitable height		
Accessible/secure locker for supplies		
Mirror at suitable height		
Hot and cold water, lever taps		
Disposal unit		
Moving and Handling equipment		
Bleeper/emergency help/pull cord working?		
PUPIL/FAMILY PROVIDED SUPPLIES		
Pads		
Catheters/equipment		
Wipes		
Spare clothes		
Others (specify)		

CYP's Name: DOB: Confidential

Facilities	Discussed	Action
SCHOOL PROVIDED SUPPLIES		
Toilet rolls		
Urine bottles		
Antiseptic cleanser, cloths and blue roll		
Anti-bacterial liquid soap		
Paper towels/hand dryer		
Disposable gloves/aprons		
Disposal system		
STAFF TRAINING/COMMUNICATION		
Advice sought from medical personnel?		
Specific training for staff in personal care role		
Awareness raising for all staff		
Curriculum specific issues		
Other CYP awareness		
Passcard system?		
PE ISSUES		
Discreet clothing required?		
Privacy for changing?		
Time for supporting personal care need		