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| **Intimate Care Checklist** |

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| **Pupil’s Personal Details** |
| **Full Name:**  |
| **Date of Birth:**   /  /   | **Admission date:**   /  /   |

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|  | **Discussion** | **Actions** |
| FacilitiesSuitable toilet identified?Adaptations required?* Changing table/bed
* Grab rails
* Step
* Locker for supplies
* Hot and cold water
* Lever taps
* Mirror at suitable height
* Disposal unit/bin
* Hoist
* Other moving and handling equipment
* Emergency alarm
* Other
 |       |       |
| Family provided supplies* Nappies/pads
* Catheters
* Wipes
* Spare clothes
* Other
 |       |       |
| School provided supplies* Toilet rolls
* Antiseptic cleanser
* Cloths/paper towels
* Soap
* Disposable gloves**/**aprons
* Disposal sacks
* Urine bottles
* Bowl/bucket
* Milton/sterilising fluid
* Other
 |       |       |
| Good practice* Advice sought from Health professionals?
* Moving and Handling Co-ordinator?
* Parent/carer views
* Pupil’s views
* How does child communicate?
* Agree use of language to be used
* Preferences for gender of carer
* Training required for staff?
* Awareness raising for all staff
* Other
 |       |       |
| PE issues* Discreet clothing required?
* Privacy for changing?
* Other

Specific advice for swimming* From parents/carers
* From Health professionals
* Moving and Handling Co-ordinator
 |       |       |
| SupportDesignated staffBack-up staffTraining for back-up staffTransportSchool visitsAfter school clubsToilet management/intimate care plan to be prepared* By whom
* When
* To be reviewed when
 |       |       |