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| **Intimate Care – Toileting Plan discussion with parents/carers** |

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| **Pupil’s Personal Details** | |
| **Full Name:** | |
| **Date of Birth:**   /  / | **Date of meeting:**   /  / |
| **Persons present:** | |

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|  | **Details** | **Action** |
| Working towards independence, e.g. taking pupil to toilet at timed intervals, rewards |  |  |
| Arrangements for nappy changing, e.g. who, where, privacy |  |  |
| Level of assistance needed, e.g. undressing, hand washing, dressing |  |  |
| Moving and handling needs, e.g. equipment, training needs, hoisting equipment |  |  |
| Infection control, e.g. wearing gloves, nappy disposal |  |  |
| Sharing information, e.g. nappy rash, infection, family/cultural customs |  |  |
| Resources needed, e.g. toilet seat, step, nappies, creams, nappy sacks, change of clothes, gloves |  |  |
| Other |  |  |