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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** |
| Facilities Suitable 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 |  |  |
| Support Designated staff  Back-up staff  Training for back-up staff  Transport  School visits  After school clubs  Toilet management/intimate care plan to be prepared   * By whom * When * To be reviewed when |  |  |