

Intimate Care Plan

Holy Family Catholic Primary



It is advised that a care plan is completed for all learners who have continence difficulties that affect their school day. As the care plan is a working document designed to assist school in their care for a learner, this should include all the information they require.

It should be completed by school with the parents/carers and involve the child as far as their age and development allows. If school have any concerns, if the child's condition or treatment is complex, or if there are any disagreements, schools may consult the school nurse, or the relevant healthcare professional.

Details of child

Name of School:

Child's name:.....

Date of birth:.....

Year group:.....

Home address:.....

.....

School name:.....

School address:

.....

Date of plan:

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Planned review date:

(The plan should be reviewed at least annually or more frequently if the child's situation changes)

Name of person(s) completing plan and their role:

Family contact information

Name		
Relationship to child		
Telephone number	Home: Work: Mobile:	
Email		
Address if different to child		
Name		
Relationship to child		
Telephone number	Home: Work: Mobile:	
Email		
Address if different to child		
Siblings' names		

Health contacts

Specialist nurse	
Consultant	
General Practitioner	
Health Visitor/School nurse	

Education contacts

Class teacher	
Special Needs coordinator (if relevant)	
Other support staff in school	

Description of child

Give brief details of child's interests, behaviour and relevant conditions, e.g. speech and language, mobility.

Description of continence difficulty

Child's understanding of the issues and the support they need

Use this space to include how the child would like to be supported with their bladder and/or bowel issues

Goals for continence management

Describe how the child's bladder and bowel health is going to be promoted and maintained and how potential and independence are going to be appropriately promoted. You may include goals for parents, child and /or school staff depending on individual needs.

Medication

Details of medication. If any medication needs to be taken in school refer to the school's medical policy and follow school procedures.

Management and description of routine

e.g. details of drinking, toileting and changing routines, aides used and any reward schemes

Details of help required for personal care, who will provide this, where and how

Arrangements for sporting activities, school visits/trips etc

Details of staff training needed/undertaken

Include who has been trained, the training given, by whom with dates and signatures of trainer and staff member

Use and disposal of continence products and aids

Include arrangement for soiled clothes and underwear, provision or new/spare equipment eg catheters).

Problems that may occur

Describe what would constitute a problem or emergency for the child and what action should be taken. Schools should always act in line with their safeguarding, medical and first aid policies.

Name of parent/carer

Signature of parent/carer Date

Name of school representative
.....

Role/job title of school representative
.....

Signature of school representative Date

Name of child/young person
.....

Signature of child/young person Date