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| **Personal Care Plan** |

### Private & Confidential

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| Name |  |
| Date of Birth |  | Review Date |  |
| School |  | Year Group |  |
| Pupil views considered? |  | Info sharing consent |  |

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| CHILD'S NEEDS |
| Name |  |
| **Date of Birth** |  | **Plan Date** |  |
| **Diagnosis** |  |
| **Graduated Pathway** | MyPlan 🞏 MyPlan+ 🞏 EHCP 🞏 Other 🞏  |
| **Continence needs** |  |
| **Other Needs** | **Individual Equipment:**Hoist 🞏 Sling 🞏 Handling belt 🞏Sliding sheet 🞏 Sliding board 🞏 Jacket 🞏Brace 🞏 Splints 🞏 Sticks 🞏Crutches 🞏 Gait Trainer 🞏 Gastric Tubes 🞏Stoma Bag 🞏 Catheter 🞏 Walker 🞏Manual/Electric Wheelchair 🞏 Standing Frame 🞏Manual Handling Risk Assessment 🞏**Additional Needs:**(e.g. uses hearing aid, epilepsy, etc.) |
| NEEDS IN SCHOOL |
| Where will intimate care take place in school? |
| **Access Toilet** (provide details, e.g. location)Other |
| **What equipment does the child need? (e.g. step, home to school communication** **system)** |
| Who provides this? **School** (circle as appropriate)Aprons Gloves Disposal system Soap Paper towels Hand washing facility Communication book Step**Family** (circle as appropriate)Pads Wipes Spare clothing Spare pants Catheter Stoma bag |
| What adult assistance is needed? |
|  |
| What does the child need to do? |
|  |
| Who will support the child? When? |
| Regular 1. 2.Staff training received | Backup 1. 2.Staff training received |

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| When will the toileting take place? |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Registration |  |  |  |  |  |
| Session 1 |  |  |  |  |  |
| Morning Break |  |  |  |  |  |
| Session 2 |  |  |  |  |  |
| Lunchtime |  |  |  |  |  |
| Session 3 |  |  |  |  |  |
| Afternoon Break |  |  |  |  |  |
| Session 4 |  |  |  |  |  |
| Home Time |  |  |  |  |  |
| How will the process be monitored? |
| Annual ReviewPlanning MeetingsPersonal RecordChart |  |

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| **Additional things to think about (e.g. reward system, time prompts, personalizing toilet space)** |
|  |
| **Other issues to consider (e.g. anxiety, self-esteem, dignity, time out from learning, developing independence)** |
|  |
| **This current plan has been agreed by:** |
| Name | Role | Signature | Date |
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|  |  |  |  |
|  |  |  |  |
| It will be reviewed |  |

Form 1

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| --- | --- | --- | --- |
| **Pupil Name** |  | **Date of Birth** |  |

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| --- | --- |
| **Name/Role** | Contact address/phone/e-mail |
| Parent/carer |  |
| School Nurse |  |
| Continence Adviser |  |
| Physiotherapist |  |
| Occupational Therapist |  |
| Hospital Consultant |  |
| Hospital Consultant |  |
| Hospital Consultant |  |
| Hospital School Service |  |
| Advisory Teaching Service |  |
| GP |  |
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**Form 2**

##### PERSONAL CARE MANAGEMENT CHECKLIST

(to inform the written personal care management plan)

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| **Pupil Name** |  | **Date of Birth** |  |

| Facilities | Discussed | **Action** |
| --- | --- | --- |
| **TOILETING** |
| Suitable toilet identified? |  |  |
| Adaptations required? |  |  |
| Changing mat/table (easy clean surface) |  |  |
| Grab rails |  |  |
| Step |  |  |
| Easy operate locks at suitable height |  |  |
| Accessible locker for supplies |  |  |
| Mirror at suitable height |  |  |
| Hot and cold water |  |  |
| Lever taps |  |  |
| Disposal unit |  |  |
| Moving and Handling equipment |  |  |
| Bleeper/emergency help |  |  |
| **PUPIL PROVIDED SUPPLIES** |
| Pads |  |  |
| Catheters |  |  |
| Wipes |  |  |
| Spare clothes |  |  |
| Others (specify) |  |  |
| **SCHOOL PROVIDED SUPPLIES** |
| Toilet rolls |  |  |
| Urine bottles |  |  |
| Bowl/bucket |  |  |
| Antiseptic cleanser, cloths and blue roll |  |  |
| Antiseptic hand wash |  |  |
| Milton/sterilising fluid |  |  |
| Paper towels, soap |  |  |
| Disposable gloves/aprons |  |  |
| Yellow sacks |  |  |
| **STAFF TRAINING/COMMUNICATION** |
| Advice sought from medical personnel? Moving & Handling Adviser |  |  |
| Parental involvement in the management plan |  |  |
| Specific training for staff in personal care role |  |  |
| Awareness raising for all staff |  |  |
| PE staff |  |  |
| Other pupils? Consult pupil, respect privacy |  |  |
| Passcard system? |  |  |
| **PE ISSUES** |
| Discreet clothing required? |  |  |
| Privacy for changing? |  |  |
| Specific advice required for swimming? Specialist nurse, Moving & Handling Adviser? |  |  |
| Support |  |  |
| Identified staff |  |  |
| Back up staff |  |  |
| Training for back up staff |  |  |
| Time plan for supporting personal care need |  |  |

###### Form 3

#### RECORD OF PERSONAL CARE INTERVENTION

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| Pupil Name |  | **Date of Birth** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Time** | **Procedure** | **Staff signature** | **Second signature** |
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