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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 |       |       |