# Appendix 1: Individual Pupil Protocol for a child/young person with intimate care needs

**Name of Pupil**

## Additional support need

Date of Birth

# Contact Information

## Family contact 1

Name

Phone No: (home) (work) Relationship

Family contact 2

Name

Phone No: (home) (work) Relationship

General Practitioner

Name Phone No

Clinic/Hospital Contact

Name Phone No

Protocol prepared by:

Date

Name

Designation

Agreed with:

* Parents / carer
* Community paediatrician / GP / specialist nurse
* School nurse

# To be reviewed by date:

### Describe condition and give details of pupil’s individual requirements:

**Equipment required**

**Details of the process to be followed:**

|  |
| --- |
| Arrangements for changing: |
| Arrangements for toileting: |
| Other arrangements (e.g., showering): |

**Agreed time/s for the procedure/s**

**Possible risks with the procedure/s and action to be taken in an emergency**

**I give permission to the school/centre to provide appropriate intimate care to my child e.g., changing, toileting, showering, or other.**

**I agree that the information contained in this protocol may be shared with appropriate individuals involved with the care of** *Name of pupil*

**Signed** *Parent or Guardian (or pupil if above age of legal capacity)*

**Date**

**Information of those responsible for the plan**

|  |  |
| --- | --- |
| **Designation** | **Name** |
| **Head Teacher / PT ASL** |  |
| **Class Teacher / EYLP** |  |

NHS Grampian should provide protocols for any medical procedures- this document should **not** be used in place of them but is to be used alongside the NHS protocols.