Nottinghamshire
County Council

INDIVIDUAL ASSESSMENT PERSONAL AND INTIMATE CARE PLAN

Name		Male	☐	Female	☐
D.O.B		**Condition**			
School / setting					

Child or young person's preferred method of communication?	
Does the child or young person have any allergies or sensitivity? (Refer to health care plan)	
Does the child or young person require assistance with mobility or transfers (refer to manual handling assessment and subsequent safe systems of work)	
Does the child or young person have any religious or cultural needs?	

PROCEDURE			Named / trained staff e.g. 1:1 / departmental staff
Eating and drinking	Assistance required at mealtimes	☐	
	Supervised at meal times	☐	
	Nasal gastric tube feed	☐	
	Gastronomy feed	☐	
	Continuous pump feed	☐	
	Periodic pump feed	☐	
	Manual feed	☐	
	Other specialist feed	☐	
Airways / suction	Oral	☐	
	Tracheotomy	☐	
Medication: Emergency and / or routine	Epipen	☐	
	Oral	☐	
	Rectal e.g. diazepam, ACE procedure	☐	
	Suppository	☐	
	Supervised medication	☐	
	Administered	☐	
	Supervised	☐	
	Dressings	☐	

Toileting	Rectal procedure e.g. enema	☐	
	Catheterisation	☐	
	Supervised catheterisation	☐	
	Pad change(day and/or night)	☐	
	Menstruation	☐	
	Assistance with toileting	☐	
	Supervised toileting	☐	
Personal care	Washing	☐	
	Showering	☐	
	Dressing	☐	
	Cleaning e.g. gastronomy site	☐	
	Teeth	☐	
	Shaving	☐	
	Hair / styling	☐	
	Lotions / creams	☐	
Behavioural	Social/emotional	☐	
	Sexual awareness	☐	

SAFE SYSTEM OF WORK

IT IS ASSUMED THAT THE NAMED STAFF FOLLOWING THESE SYSTEMS OF WORK HAVE BEEN TRAINED TO CARRY OUT ALL TECHNIQUES DOCUMENTED

PROCEDURE:

Pupil's level of ability:

Independent	☐	Fully assisted 1 carer	☐
Independent / supervised	☐	Fully assisted 2 carers	☐
Partially assisted 1 carer	☐	Fully assisted more than 2 carers	☐

Environment required:
e.g. adapted bathroom, medical room, bedroom, dining room

Equipment required:
e.g. gloves, toiletries, special crockery / cutlery

Detailed description of procedure:

Date assessed:

Assessor's signature:

Child or young person's signature:

Parent / Guardian's signature:

Proposed review dates: