**Sample care plan**

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.

**CARE PLAN**

**Name of School:** …..................................................................................................................

**Child’s/young person’s details**

|  |  |
| --- | --- |
| **Child’s name** |  |
| **Date of Birth** |  |
| **Year group** |  |
| **Home address** |  |
| **School name** |  |
| **School address** |  |

**Date of plan**: …..........................................................................................

**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**:

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**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.

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**Description of continence difficulty**

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**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.

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**Medication**

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

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**Management and description of routine**

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

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

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|  |

**Arrangements for sporting activities, school visits/trips etc**

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**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

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**Use and disposal of continence products and aids**

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

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**Emergency situations**

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

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**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** ……………………………………….