

Intimate Care Risk Assessment 2016/17

Child's Name:	Yes/No	Notes
Does weight /size/ shape of pupil present a risk?		
Does communication present a risk?		
Does comprehension present a risk?		
Is there a history of child protection concerns?		
Are there any medical considerations? Including pain/discomfort?		
Have there ever been allegations made by the child or family?		
Does moving and handling present a risk?		
Does behaviour present a risk?		
Is staff capability a risk? (back injury / pregnancy)		

If 'Yes' to any of the above complete a detailed personal care plan.

Date:.....

Signed:..... Name: