



# ***Personal and Intimate Care Policy***

\*\*\*\*\*

## **KARE POLICY DOCUMENT**

**Policy Owner:** Adult and Children's Supports Manager

<i>Rev. No.</i>	<i>Approved by Heads of Units / OMT</i>	<i>Approved by KARE Board</i>	<i>Launched Heads of Units</i>	<i>Operational Period</i>
Rev. 1	March 2005	May 2005	March 2005	Mar 2005 - Aug 2014
Rev. 2	May 2014	June 2014	September 2014	Sept 2014 – Aug 2017
Rev 3	August 2017	September 2017	September 2017	Sept 2017 -

## **Section 1: Policy**

### **1.1 Background to this Policy**

KARE's initial Policy on Intimate care was approved by the KARE's Board in May 2005. Since this time the policy has been revised to bring it up to date with best practice.

The policy is aligned with HIQA's Guidance for Designated Centres – Intimate Care. Other KARE policies relevant to this policy are:

- Individualised Planning
- Safeguarding of Vulnerable persons at risk of abuse
- Child Protection and Welfare
- Matters relating to Sexuality

### **1.2 Aim of this Policy**

The aim of this policy is to give direction to staff with regard to supporting individuals in their Personal/Intimate care needs in a way which promotes the dignity and privacy of the person while also protecting the integrity of the staff involved.

### **1.3 Scope of this Policy**

This policy applies to all staff involved in supporting individuals who use the service with regard to their Personal /Intimate care needs.

Personal /Intimate care can be defined as all aspects of support to an individual, whether by direct or indirect contact, which are associated with bodily functions, body products and personal hygiene involving intimate parts of the body. Given the invasive nature of intimate care it is essential that the rights of all involved are protected.

Direct contact involves physical contact between the service user and the staff member. It may involve the touching of both intimate and non-intimate body parts.

Indirect contact involves the supervision, observation and prompting of the service user to complete personal and intimate care tasks.

Personal /Intimate care includes –

- Bathing / Showering
- Catheters/Stoma care
- Changing of continence pads
- Dressing and undressing (underwear)
- Enemas, suppositories, pessaries
- Hair care
- Help with Eating.

- Medical care involving intimate body parts e.g. pressure sore treatment, Intramuscular Injections.
- Menstrual care
- Nail care
- Oral care
- PEG Feeding
- Shaving
- Skin care
- Subcutaneous injection
- Suctioning
- Support with using the Toilet
- Washing intimate body parts

#### **1.4 Non – Scope**

Health promotion examinations i.e. breast checks, prostate checks, such examinations should be carried out by the individual's Family Doctor or other medical professional.

Internal Sanitary Protection (tampons) – these should only be used when an individual is fully independent at attending to their own menstrual care.

#### **1.5 Policy Statements**

1.5.1 The Line Manager will ensure a Personal/Intimate Care Plan is developed for individuals who have significant support needs with regard to their personal / intimate care as identified through their Assessment of Need.

1.5.2 Individuals and/or their Family/Carers will be involved in the development of the Personal/Intimate Care Plan as appropriate. Parents/carers of children will be fully involved in the development of and consent to their child's Personal/Intimate Care Plan prior to implementation. Parents/Carers of adults are not required to give consent to their family member's Personal/Intimate Care plan, however KARE recognises that it is good practise to involve them in the development of the plan as they can provide invaluable advice and guidance.

1.5.3 When developing a Personal/Intimate Care Plan staff will ensure that:

- the individuals' views are taken into account
- parents'/carers' views and experiences are taken into account
- the plan maximises the dignity and privacy of the individual
- the plan supports the individual to be as independent as possible.

1.5.4 The Personal/Intimate Care Plan will identify:

- Where support is required

- Support needed to carry out each task while recognising the level of support an individual requires
- Any specific approaches relevant to the individual e.g. how to manage behaviour that challenges or sexual arousal
- Resources required carrying out each task
- Specific plans relating to personal/intimate care tasks e.g. People Moving and Handling Plan, managing pressure areas, eating drinking swallowing.

1.5.5 In the case of an individual with complex medical issues such as diabetes or fungal infection, nail care should be carried out by an appropriate specialist such as a Chiropodist or GP. In such situations, this will be made clear in the person's Individual Support Plan.

1.5.6 When carrying out Personal/Intimate Care staff must ensure that:

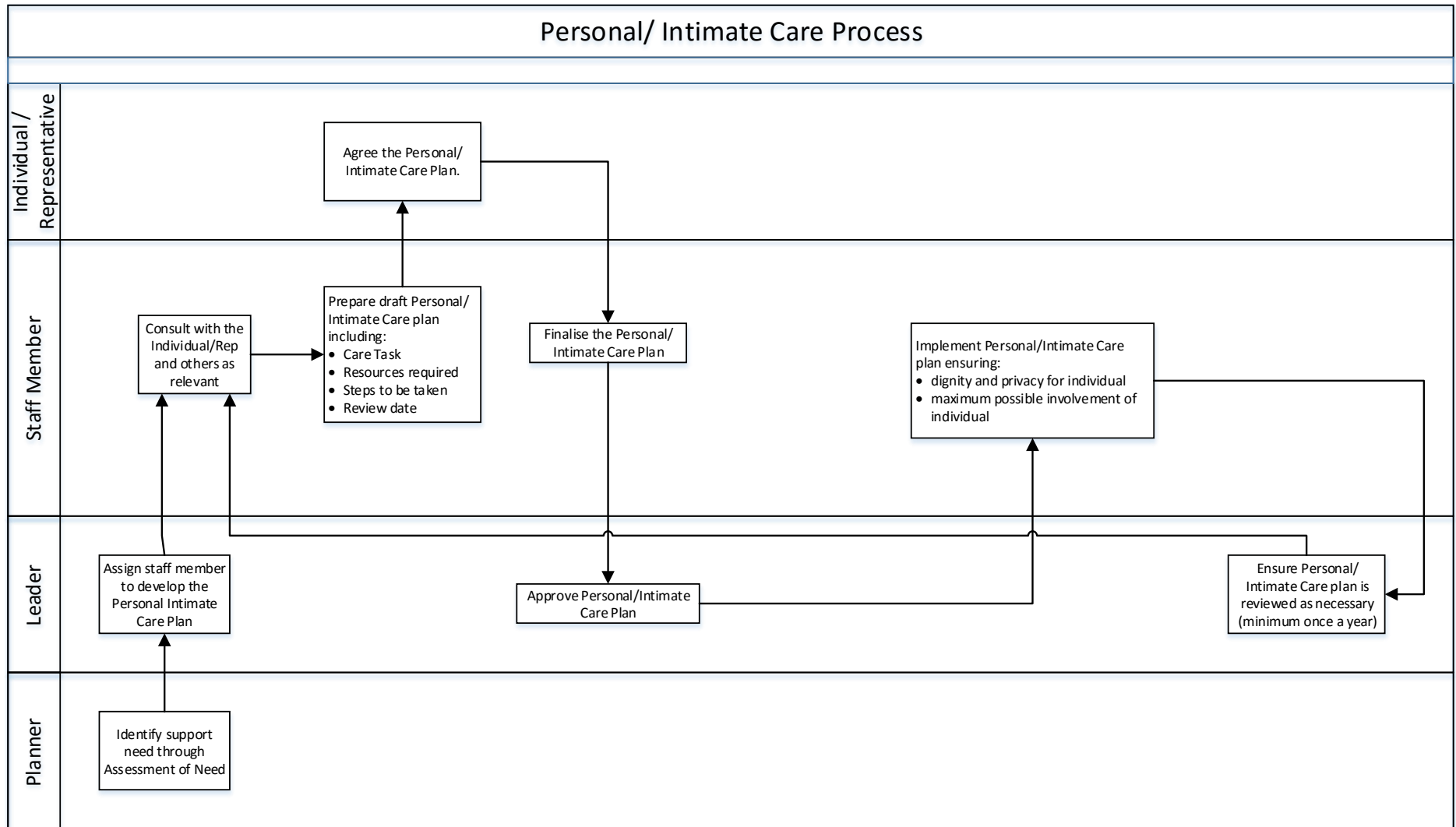
- they understand an individual's particular needs and preferences as outlined in the Personal/Intimate Care Plan prior to supporting an individual with personal/intimate care tasks.
- any equipment they need to use e.g. hoist, is in proper working order
- the area in which they are proposing to carry out personal/intimate care is suitable, comfortable and safe
- they communicate to the individual (using appropriate communication technique) what they are about to do and how they are about to do it in an appropriate friendly manner before undertaking personal/intimate care.
- the right of the individual to refuse to participate at any time during the Personal/Intimate care plan is recognised. If this occurs, staff should explore the possible reasons and engage other supports as necessary to resolve the issue.
- they adopt a caring and professional approach at all times
- they respect the confidentiality of the information concerning the individual

1.5.7 KARE recognises that an individual may become sexually aroused while being supported with Personal/Intimate care, this is a normal and natural physiological response. As a general guideline physical contact should not be undertaken while someone is sexually aroused. Where relevant the individual's Personal/Intimate Care plan should include the steps to be taken should they become sexually aroused. Where there are ongoing concerns with regard to an individual's ability to express their sexuality appropriately the Line Manager should make a referral to the Clinical Support Team.

1.5.8 If a staff member notices any injury or bruising is noticed during a Personal/Intimate care procedure this should be reported to the line manager and recorded on a Body Marks form.

- 1.5.9 The Line Manager will ensure that an individual's Personal/Intimate Care Plan is reviewed every year or more frequently if required.
- 1.5.10 Staff members should ensure they have read and understand this policy prior to supporting people who use the service with their personal/intimate care. They should also ensure they have read an individual's Personal/Intimate Care Plan prior to supporting them and that they have adequate training in any specific procedures that need to be carried out.
- 1.5.11 Where lack of resources contravenes the delivery of Personal/Intimate care plans the staff member should inform their line manager immediately.
- 1.5.12 In keeping with best practice, where possible a staff member should inform another staff member of their intention to commence Personal/Intimate care with an individual.
- 1.5.13 In a situation where an issue of concern arises while supporting an individual with Personal/Intimate care the staff member should report their concerns immediately to their Line Manager or On Call and/or a senior staff member.

**Section 2: Process**



**Appendix 1**

PERSONAL / INTIMATE CARE PLAN

NAME: \_\_\_\_\_

PIN NO.: \_\_\_\_\_

Care task required: \_\_\_\_\_

My name is \_\_\_\_\_. This plan has been drawn up by the people who support me to help me with \_\_\_\_\_. It is important that all staff that support me are aware of this plan and agree to the procedure outlined in the plan. I agree to this plan being shared among people who will be supporting me.

The people who helped me draw up this plan: \_\_\_\_\_

Date plan was developed: \_\_\_\_\_

Date for review: \_\_\_\_\_

My preferred method of communication:

Important notes of things I can do myself or things I find difficult:

Resources required for specified task (equipment, support plans such as People Moving and Handling Plan)

<b>Care Task</b>	
<b>Steps involved supporting the person</b>	

<b>Date plan reviewed</b>	<b>People involved/consulted in review</b>	<b>Outcome of Review</b> (continue as is/continue with adaptation/plan no longer required)	<b>Date next review due</b>