Policy and Guidelines on Supporting People with Intellectual Disability and/or Autism with Personal and Intimate Care.

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In particular special thanks to the many clients and family members who participated in the development of the policy by proof reading early drafts and providing valuable feedback.

1.0 Introduction

Cope Foundation provides a wide range of services for people with Intellectual Disability and/or Autism in over 60 locations within Cork city and county.

Personal and intimate care supports are provided to many who access the service. It is acknowledged that in the delivery of such support both the individual with Intellectual Disability and/or Autism and those providing the care are vulnerable and need to be safeguarded. This document is designed to ensure the delivery of high quality, safe intimate and personal care practice. It sets out the steps staff members should follow when supporting people with their personal and intimate care.

The ultimate aim is to safeguard both the individual with Intellectual Disability and/or Autism and the support worker.

An extensive literature review was undertaken to inform this policy and very specific guidance was taken from the literature pertaining to safeguarding and abuse. Furthermore given that the issue of intimate and personal care is largely ignored in the intellectual disability literature (Carnaby & Cambridge, 2006 and Clarke, 2009) it was necessary to ground much of this policy document in generic material and adapt where necessary to reflect current policy direction in disability services.

It is the intention to review and update this document when indicated by new information and to undertake a formal review every two years.

2.0 Background

Intimate and personal care is a basic fundamental human need which is usually carried out in private by individuals.

Many people with an Intellectual Disability and/or Autism require support to tend to these needs and there is recognition that the way in which such support is provided can significantly affect an individualôs quality of life. However, despite this recognition it is one of the most overlooked areas in research, policy and practice (Clarke, 2009).

This policy attempts to address this gap by giving clear direction to those who support people with Intellectual Disability and/or Autism in personal and intimate care interactions which is cognisant of the best available evidence and is person centred in its application.

3.0 Purpose of the Policy

The purpose of this policy is to safeguard the individual with Intellectual Disability and/or Autism and the support worker during personal and intimate care interactions.

It is designed to provide a consistent approach which upholds the individualôs absolute right to dignity and privacy at all times.

4.0 Scope of the Policy

The policy applies to all Cope Foundationôs employees including agency staff members and other approved people who support people with an Intellectual Disability and/or Autism with their personal and/or intimate care needs in any setting within the organisation.

5.0 Definitions

ñPersonal careòand ñintimate careòare terms which are often used interchangeably by support staff members and refer to a wide range of activities. The following definitions have been proposed in the literature.

Personal Care: The term is used to refer to tasks which do not involve contact or exposure of sexual parts of the body and are often associated with personal presentation such as brushing hair and shaving. Though personal care often involves a level of touch, this contact is with non intimate parts of the body (Cambridge and Carnaby, 2000).

Intimate Care: The care tasks associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the sexual parts of the body (Cambridge and Carnaby, 2000).

Figure 1 Classification of Intimate and Personal Care Tasks

CLASSIFICATION OF INTIMATE AND PERSONAL CARE TASKS (Carnaby & Cambridge, 2006)	
Personal care tasks	**Intimate care tasks**
Shaving	Dressing and undressing (underwear & bra)
Skin care or applying external medication	Helping someone use the toilet
Hair care	Changing continence pads soiled with faeces
Support with feeding	Changing continence pads soiled with urine
Brushing teeth	Bathing or showering
Applying deodorant	Washing intimate parts of the body e.g. genitalia
Dressing and undressing (clothing other than underwear)	Menstrual care
Washing non-intimate body parts	Administering enemas
Prompting to go to the toilet or bathroom	Administering rectal medication and applying topical medication to intimate areas

6.0 Key Guiding Principles

6.1 Choice

This policy is founded on the principle that adults have the right to make their own choices in relation to all aspects of their life including decisions around their personal and intimate care needs. Therefore staff members will provide all necessary support to enable individuals to make choices in this area and so maximise the amount of control people have over their care. When the individualsô capacity to exercise choice is compromised, then it is expected that their support worker will gather information regarding their preferences by documenting their non-verbal responses to a range of choices offered over a period of time.

Then having consulted with the individualôs representative or key worker to validate these interpretations, personal preferences will be documented within their *Individual Support Plan for Personal and Intimate Care* (Appendix 1). The aim of this exercise is to ensure that the person receives individualised personal and intimate care in a manner which is consistent and has been identified as least intrusive and preferred by the person themselves - even when such support is being provided by a relatively new staff member.

6.2 Dignity and Privacy

It is expected that all staff members will support individuals with their personal and intimate care in a respectful manner which enhances the dignity of the individual and upholds their right to privacy. It is an absolute requirement that all staff members follow the *Good Practice Guidelines on the Provision of Personal & Intimate Support* (Appendix 2).

The aim of these guidelines is to protect against inappropriate practice, and also to support staff members with the establishment and maintenance of boundaries which enable them to safely and respectfully support people in this area.

Failure to provide intimate and personal care according to agreed guidelines could, depending on the circumstances, result in an individual having an experience which could be judged by others as abusive, neglectful or even constitute a criminal offence.

6.3 Culturally Appropriate Support

The literature reports that personal and intimate care is likely to be delivered in uniform ways in services for people with Intellectual Disability and/or Autism with staff membersô cultural norms values and practices often dominating (Cambridge and Carnaby, 2000).

This policy acknowledges the relevance of cultural considerations when supporting individuals in this area. It is expected that the staff member will seek to establish the culturally specific needs and preferences of people from minority ethnic communities with respect to their personal and intimate care.

Subsequently, it is expected that the staff member will document this information within the personôs *Individual Support Plan for Personal and Intimate Care (Appendix 1)* and be responsive and respectful in the provision of these individualised supports. Examples of considerations which might need to be made are: adherence to washing rituals around prayer time for people of Muslim and Hindu faiths (Holland and Hogg, 2001) use of the left hand for washing after using the toilet in South Asian and Muslim cultures, arrangements for appropriate removal of unwanted hair (Shah, 2006) and the requirement to cover the hair in some cultures (Dougherty & Lister, 2011).

6.4 Independence

In order to maximise the amount of control an individual has over his/her care it is imperative that their level of independence is maximised. Therefore staff members will provide appropriate support to enable individuals to develop the psycho-motor and social skills necessary to self care in relation to practical personal and intimate care tasks.

Furthermore it is expected that individuals will receive appropriate accessible information and education regarding personal hygiene to encourage independence. This education may be in the form of continuous supportive instruction and encouragement during routine self care activities and/or formal health education programmes.

7.0 Key Issues

7.1 Same Gender Care

- It is preferable that a member of staff of the same gender as the person with intellectual disability and /or autism gives support during intimate care so as to respect the individualôs dignity and adult status. This same gender recommendation is espoused to in the literature and is also recommended in the policy *Safeguarding Adult Service Users who may be unable to protect themselves from Abuse* (Cope Foundation, 2013). It is accepted that this is the ideal and may not be always possible.

- It is acknowledged that the individual has the right to choose the staff member from whom he/she wishes to receive support from during intimate care interactions. It is accepted that this choice may at times be inconsistent with the ósame genderô recommendation of this policy.

- When intimate care is being provided by a staff member of the opposite gender the following issues must be considered:
  - The wishes of the person requiring support
  - The consequences of the individual not receiving the support
  - The consequences for the personôs health
  - Whether the urgency of the support needed makes it an immediate necessity (for example resulting from an episode of incontinence or when the safety of staff members is threatened and extra support is needed)
  - Whether the need for intimate care support can be postponed until someone of the same gender can be present. (NHS Foundation Trust, 2007).

- A staff member who feels vulnerable supporting any individual of either gender with personal and/or intimate care should report this to their line manager. A positive risk assessment and risk management plan should be documented if deemed necessary and a local protocol put in place as recommended by the policy *Safeguarding Adult Service Users Who May be Unable to Protect Themselves from Abuse* (Cope Foundation, 2013)

7.2 Touch

Intimate care interactions often involve a degree of intimate touch which may produce in clients or carers feelings of discomfort, anxiety or fear. It is important that intimate touch be provided in such a way so as to allay fear and communicate respect for the person (O'Lynn, 2011) whilst at the same time offering protection to staff member against allegations of abuse.

Good practice recommendations with respect to appropriate and inappropriate intimate touch are detailed within the *Good Practice Guidelines on the Provision of Personal & Intimate Support* (Appendix 2). It is expected that all staff members will adhere to these guidelines.

7.3 Sexuality and Sexual Arousal

Intimate care relates to the sexuality of people because it involves the exposure of private areas of the body. It is acknowledged that for some people with an Intellectual Disability and/or Autism there may be a sexual aspect to the experience of having the sexual parts of their body washed and bathed - responses to which need to be considered within this policy.

The aim of this policy is to give clear practical operational guidance to ensure consistent, safe and respectful delivery of intimate care supports in such circumstances.

- This policy acknowledges that some people with complex and multiple disabilities have extremely limited avenues for sexual expression of any kind and may take opportunities presented to them during intimate care interactions to feel and be sexual (Cambridge & Carnaby, 2006). In such instances the removal of continence wear and the exposure of the genitals and/or the provision of intimate touch by the carer may be the stimulus for the behaviour.

- This policy accepts that in such circumstances this behaviour is neither surprising nor unreasonable and outlines the agreed approach to be adopted in these instances. It is expected that all staff member members will adhere to these guidelines (*Appendix 3: Guidelines for the Support of Individuals with Intellectual Disability and/or autism who become Sexually Aroused During Intimate Care Interactions)*

- It is acknowledged that a staff member providing support during intimate care interactions such as bathing may be requested by an individual to assist with sexual stimulation. Such requests for support can be extremely distressing for staff members and a uniform response is required which protects both parties whilst upholding the dignity of the individual. The approach to be adopted in these instances is outlined within Appendix 3 of this policy. (*Appendix 3: Guidelines for the Support of Individuals with Intellectual Disability and/or autism who become Sexually Aroused During Intimate Care Interactions)*

7.4 Genital Hygiene

According to medical evidence poor genital hygiene or neglect of genital hygiene can have serious health consequences for both men and women (Cambridge & Carnaby, 2006). Poor male genital hygiene has been associated with several disease processes including ballinitis (inflammation of the penis) while poor female genital hygiene is associated with infections such as vulvovaginitis (inflammation of the vulva and vagina).

Furthermore, a review of the literature reveals that individuals who are incontinent and those with indwelling catheters require meticulous attention to their genital hygiene needs as they have higher risk factors for infection (Dougherty & Lister, 2011).

This policy sets out guidelines to assist staff member who support individuals with their genital hygiene care. It is expected that all staff member will adhere to these guidelines *(Appendix 4: Guidelines for the Support of Individuals who are Dependent on Others to Maintain Good Genital Hygiene).*

7.5 Menstrual care

According to the literature women with intellectual disability, when asked, consistently report an overwhelming preference for other women to support them in understanding and managing their menstrual care (McCarthy 2002 & Rodgers 2001).

This policy therefore recommends that female staff members will support women with menstrual care. Internal sanitary protection is not appropriate and must not be used unless the woman can either use tampons independently or can be taught to use them independently. Staff members will never provide direct support to insert a tampon.

7.6 Safeguarding and the Prevention of Abuse

One of the principle functions of this policy is to safeguard the individual against the risk of abuse during personal and intimate care interactions.

It is a requirement that all staff members offer intimate and personal support in a manner that is consistent with the guidelines in Appendix 1 to 4 of this policy.

It is also an essential requirement that all staff members are familiar with the documentation within the policy *Safeguarding Adult Service Users Who May be Unable to Protect Themselves from Abuse* (Cope Foundation, 2013) and provide support in a manner that is consistent with the guidelines contained within this policy document.

7.7 Intimate examinations

Intimate examinations refer to examination of the breasts, genitalia or rectum and are always conducted by professionals such as registered nurses or doctors. A second person must always be present during an intimate examination.

The procedure to be followed prior to, during and on completion of any intimate examination must comply with professional practice guidelines.

The literature recommends that the staff member gets informed consent (verbal, written or implied) from the individual prior to an intimate examination (CHRE, 2008). In the absence of current national capacity legislation and an organisational policy on consent staff members are advised to consult locally with their line manager in this regard.

8.0 Operational Issues

8.1 Rules for the Use of Agency Staff and Newly Recruited Staff

It is accepted that agency staff members and newly recruited staff members may not be best placed to support people with intellectual disability and/or autism with their intimate care needs given their lack of experience when compared with regular staff member and the lack of opportunity to form trusting relationships with individuals. This policy accepts that agency and newly recruited staff members require supports during a period of induction to an area and the expectations are as follows:

- Agency and newly recruited staff members will get a thorough induction to the area and the individuals who use the service with a specific focus on their role in the provision of intimate care supports.

- Agency staff and newly recruited staff members will be inducted to this policy and will demonstrate an appreciation of the *Good Practice Guidelines in the Provision of Personal & Intimate Support* (Appendix 2).

- Prior to providing intimate care support agency staff and newly recruited staff members will shadow an experienced member of staff providing such support.

- When agency staff and newly recruited staff members provide intimate care support for the first time they will be supported by an experienced staff member designated by the manager.

8.2 Rules for the Use of Voluntary Workers

Harnessing of support from family, friends and community members is an integral part of a person centred approach and a strong commitment to this is demonstrated within the organisationôs strategic plan (Cope Foundation, 2012). Whilst affirming the valuable contribution of the volunteer worker this policy recognises that safeguards must be paramount when supporting vulnerable individuals with their personal and intimate care. Therefore the following direction is proposed and it is expected that all staff members will adhere to these guidelines:

- A voluntary worker will always work under the direct supervision of a staff member nominated by the line manager.

- A voluntary worker will never support an individual with any intimate care task such as showering, toileting, menstrual care, etc.

- A voluntary worker may be permitted to support an individual with aspects of their personal care when the following conditions are satisfied:
  - The individual with Intellectual Disability and/or Autism can give consent to this support or has requested it.
  - A voluntary worker has the support of a nominated staff member and works under his/her supervision.
  - The suitability of the voluntary worker to the specific personal care task, e.g. application of make up or blow drying hair etc, is considered with respect to the volunteersôage, experience and gender.

9.0 Responsibility And Accountability

9.1 Senior management responsibility

- To ensure that this policy is implemented, reviewed regularly and updated as required
- To provide training with regard to this policy and to make this training available to all staff members appropriate to their role and responsibilities within services
- To ensure that job and person specifications for permanent, temporary and agency staff member, outline expectations or responsibilities for intimate and personal care.
- To ensure that the policy is included in the induction programme for new employees
- To ensure that this policy is made available in an accessible format to individuals with intellectual disability
- To ensure that the physical environment is conducive to meeting the personal and intimate care needs of clients as per the standard set out in this policy.

9.2 Line management responsibilities

- To ensure that this policy is available to all staff members working within their area
- To nurture a positive attitude to the provision of personal and intimate care
- To ensure that members of staff understand this policy and its interconnection with other relevant policies namely *Safeguarding Adult Service Users Who May be Unable to Protect Themselves from Abuse* (Cope Foundation, 2013) and to a lesser degree the *Infection Control Policy* (Cope Foundation, 2006).
- To monitor adherence to this policy by ensuring that audits of the policy (Appendix 5) and the practice guidelines (Appendix 6) are completed.
- To support the staff member in the management of risk when supporting individualsô with intimate care in closed settings
- To follow the guidelines outlined in this policy when supporting newly recruited staff members, agency staff and voluntary workers.

9.3 Staff members responsibilities

- To make themselves available for training in relation to this policy document
- To understand and adhere to this policy
- To ensure that the individuals personal and intimate care needs are documented and regularly reviewed as part of their support plan
- To support newly recruited staff members and agency staff providing personal and intimate care in accordance with the guidelines outlined in this policy.
- To support voluntary workers providing personal care in accordance with the guidelines outlined in this policy.

10.0 References

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Appendix 1 Individual Support Plan for Personal and Intimate Care

The purpose of this assessment is to identify the individual's preferences and support requirements in relation to their personal and intimate care.

ASSESSMENT DETAILS	
Name:	
Date of Birth:	
Residence:	
Assessor:	
Other staff member who contributed: **(Key Worker, Therapist etc.)**	
Family member, advocate or representative involved:	
Date assessment completed: (review 6 monthly)	

IMPORTANT INFORMATION	
Who would this person like support from with his/her personal/intimate care?	
How does this person communicate?	

Personal Care Area	Is Support Required?	Brief details of personal preferences and support required
Shaving	Yes/No	
Skin care	Yes/No	
Hair care	Yes/No	
Support with eating	Yes/No	
Brushing teeth/ Dental Hygiene	Yes/No	
Applying deodorant	Yes/No	
Dressing and undressing	Yes/No	
Washing non-intimate body parts	Yes/No	
Washing intimate body parts	Yes/No	
Support with going to the toilet	Yes/No	
Changing continence products	Yes/No	

Personal Care Area	Is Support Required?	Brief details of personal preferences and support required
Support with menstrual care	Yes/No	
Other	Yes/No	
Administering rectal medication (nursing task)	Yes/No	
Administering enemas (nursing task)	Yes/No	

Risk Areas

Consider the support which this person requires with their personal and intimate care and identify risks if any which require assessment.

SIGNATURES

Name	Signature	Date
Client		
Person conducting assessment		
Clientôs representative		

DETAILS OF REVIEW PROCESS

Date	Name of reviewer/s	Detail of changes necessary

Appendix 2 Good Practice Guidelines: The Provision of Personal and Intimate Support

All people with intellectual disability and/or autism requiring support in meeting their personal and intimate care needs have the right to be treated with respect and dignity in an environment which maintains personal privacy and protects modesty.

- Staff members will always knock on the door of a bedroom or bathroom and seek the individualõs permission to enter before proceeding into the room.

- Staff members will support one individual at a time in a bedroom/bathroom.

- Staff members will use easy read signage to indicate that a bedroom/bathroom is occupied and that entry is prohibited

- Staff members will avoid entering a bedroom/bathroom while another staff member is providing intimate care supports. If this interruption is unavoidable then staff member will knock and wait for a reply before entering.

- When bedrooms are shared a screen will be used appropriately to afford each individual his/her privacy during dressing/undressing.

- Doors to bathrooms/bedrooms are never to be left ajar while providing intimate care support except when a positive risk assessment has highlighted this strategy as the preferred option and steps have been taken to ensure the individualõs privacy.

- Every effort must be made to obtain the individuals verbal consent prior to an intimate care interaction especially when such support involves exposing and/or touching the genital area.

- Where possible the individual should be given the opportunity to confirm acceptance to the staff member in attendance during an intimate care interaction.

- Allow the individual every opportunity to participate in his/her own care, minimising to the greatest extent the amount of intimate touch required.

- Staff members who provide intimate care supports are expected to have great sensitivity to the individualÕs feelings.

- Ensure privacy by exposing as little of the personÕs body as necessary and by using a towel to cover body parts as soon as possible after bathing/showering.

- If another person needs to be present during an intimate care interaction, staff members will always inform the individual and seek their permission.

- Avoid passive supervision, instead interact with the person, physically support him/her or provide encouragement to enable independence.

- When two staff members offer intimate care support they must avoid engaging in conversations which do not include the person.

- Before initiating intimate touch staff members should address the person by name, explain what their intentions are in a straight forward and reassuring way enabling the person to anticipate and participate in their care.

- Staff members should minimize the use of touch as much as possible in intimate areas such as penis, vagina, anus and breasts.

- When intimate touch of the individualÕs sexual parts is required the staff member should avoid skin to skin contact by wearing gloves and using a flannel/washcloth/ cleansing wipe.

- Staff members should touch intimate body parts without hesitancy and with a purpose.

- Staff members should look for verbal and non verbal cues from individuals and stop the intimate touch any discomfort or distress is sensed.

- In instances where a staff member feels vulnerable providing intimate care supports alone, they will make their intentions and purpose known to another staff member before engaging with the individual.

- A staff member must always be accompanied by another staff member or client representative whenever a risk assessment indicates that this strategy is necessary to provide reassurance and to protect against an allegation of abuse.

- Staff members will always discuss issues intimate to an individual in a discreet private place using appropriate and respectful language.

- Staff members will avoid speaking about intimate issues unnecessarily or in front of people who do not need to know.

- In shared bedrooms wherever possible an individual's continence wear will not be changed while others are present.

- In shared bedrooms it is inappropriate at any time to support an individual with the use of a commode while others are present.

- It is inappropriate for a client to support another client with an intimate care task.

Appendix 3 Guidelines for the support of individuals with intellectual disability and/or autism who become sexually aroused during intimate care interactions

This policy is in place to outline to staff member the steps to follow if someone becomes sexually aroused during intimate care interactions. It is not expected to deal comprehensively with the issue of masturbation and people with Intellectual Disability and/or Autism.

Managers will support staff members to understand why people with Intellectual Disability and/or Autism might become sexually aroused during intimate and personal care.

Staff members will never respond to a physical prompt or verbal request from people with intellectual disability and or/autism to assist with sexual stimulation during intimate care interactions.

In the event that an individual with Intellectual Disability and/or Autism tries to direct a staff memberôs hand towards his/her genital area - the staff member will gently but firmly resist this movement and use simple language to explain why they are doing so, such as ôNo. Iôm sorry, thatôs a private thingô

When an individualôs genitalia are exposed and he/she begins to masturbate, staff members will, if safe to do so, withdraw from the immediate care interaction without passing a comment and give the person space and privacy.

If being left alone poses a significant risk - such as drowning - if a person is left unsupervised in a bath then this will not be an option.

If an individual frequently masturbates during bathing this may indicate an unmet need and should be addressed elsewhere in his/her support plan

Appendix 4 Guidelines for the support of individuals who are dependent on others to maintain good genital hygiene

Procedure Steps
Prior to Procedure: • Determine the personôs needs and preferences by reviewing their *Individual Support Guidelines for Personal and Intimate Care.* • Determine the personôs required level of support by reviewing their *Individual Support Guidelines for Personal and Intimate Care* and adapt as appropriate the steps in this procedure to promote his/her independence. • Inform the person that the area around his/her genitalia is going to be washed and take all necessary steps to obtain verbal consent prior to the procedure. • Ensure the personôs privacy and dignity is maintained by adhering to the *Good Practice Guidelines in the Provision of Personal & Intimate Support.*

1	Fill a basin with warm water (temp should be approximately 105°F or 41°C) and don disposable gloves.
2	Ask the person to lie on their back.
3	Place waterproof pad/sheet under person.
4	If perineum is grossly soiled remove any faecal material with toilet paper prior to using wash cloth/flannel/cleansing wipe.
5	Moisten washcloth/flannel with water from the basin and use a mild soap.
6	**For Females:** • Wash the genital area from front to back • Use a clean portion of the washcloth/flannel/cleansing wipe for each stroke • Cleanse the labial folds and around the urinary catheter if one is in place

7	**<u>For Males</u>:** • Retract the foreskin if present • Cleanse the head of the penis • Replace the foreskin • Finish washing the shaft of the penis • Wash the scrotum using a clean portion of the washcloth/flannel/cleansing wipe. • Handle the scrotum gently to avoid discomfort
8	Cleanse skin folds thoroughly rinse and pat dry
9	If perineal care is <u>not</u> being done as part of a bath, also clean the anal area by having person turn on their side and wash, rinse and dry the area as needed
10	Apply skin protectants as needed.
11	If person has an in-dwelling catheter provide catheter care according to best practice guidelines. Don clean gloves before supporting individual with catheter care
12	Reposition and cover the person
13	Remove and appropriately discard gloves.
<u>After Procedure</u>: Assist with dressing if required. Communicate with the person and leave him/her comfortable. Document any observations in the personôs support plan.	

Adapted from Dougherty and Lister, 2008, Downey, L. & Lloyd, H. 2008 & Wilkinson & Van Leuvan, 2007

Appendix 5 Personal and intimate care policy audit

(6 Monthly Audit)

Item	Yes	No	Comment and Action Required
1. Has every client got an *Individual Support Plan for Personal and Intimate Care*?			
2. Are self care programmes recorded in the client's support plan?			
3. Are all clients provided with same gender support during intimate care interactions?			
4. When a client chooses to receive support from a staff member of the opposite gender is this recorded?			
5. When asked, is a sample of staff members able to outline the response to take if a client becomes sexually aroused during intimate care interactions?			
6. Do staff members feel that this policy provides them with sufficient guidance when supporting a client to maintain good genital hygiene?			
7. Are all female clients supported by female staff members only with their menstrual care?			
8. Are all intimate examinations undertaken with two staff members present?			
9. Do newly recruited staff members and agency staff get an induction to this policy?			
10. Are staff members aware that voluntary workers must never support a client with intimate care?			

Signed: _____ Date: _____

Appendix 6. Audit of good practice guidelines: personal and intimate care

(3 monthly audit)

Item	Yes	No	Comment and Action Required
1. Have individualsû the opportunity to lock a bathroom/bedroom door when they can independently attend to their own intimate care needs?			
2. Do staff members knock on the door of a bedroom/bathroom and ask for the personû permission before entering the room?			
3. Do staff members support one person at a time in a bathroom?			
4. Is easy read signage used to indicate that a bedroom/ bathroom is occupied and that entry is prohibited?			
5. Are screens used in shared bedrooms to protect the personû privacy?			
6. Are doors always closed when providing intimate care support?			
7. When it is agreed practice to let a door ajar when providing intimate care supports is a positive risk assessment always completed which highlights this as the preferred option?			
8. Where possible do staff members obtain the personû verbal consent to support him/her with intimate care?			
9. Where possible are individuals given the opportunity to confirm his/her acceptance of a staff member being present during an intimate care interaction?			

Item	Yes	No	Comment and Action Required
10. Are individuals given every opportunity to participate in their own care minimising the amount of intimate touch required?			
11. Does the staff member expose as little of the personôs body as necessary during bathing and use a towel to cover body parts as soon as possible after bathing/showering?			
12. Does the staff member engage with the person during intimate care providing them with positive verbal encouragement?			
13. When two staff members provide intimate care supports do they avoid conversations which do not include the person?			
14. Does the staff member introduce themselves and explain what their intentions are before initiating intimate touch?			
15. Are gloves always worn and a flannel/washcloth/cleansing wipe always used when intimate touch of the personôs sexual parts is required?			
16. In instances where a staff member feels vulnerable providing intimate care supports alone - do they will make their intention and purpose known to another staff member before engaging with the individual?			
17. In situations where a risk assessment indicates that a staff member working alone may be at risk of an allegation of abuse do two staff members always provide intimate care support?			

Item	Yes	No	Comment and Action Required
18. Are issues intimate to an individual ever discussed by staff members in an area other than a private place?			
19. Are issues intimate to an individual ever discussed by staff members in front of people who do not need to know this information?			
20. In shared bedrooms is continence wear ever changed while others are present?			
21. In shared bedrooms is a person ever supported to use a commode while others are present?			
22. Does a client ever support another client with an intimate care task?			

Signed: _____ Date: _____ Date of next audit: _____

Appendix 7 Rules staff members must follow when they are helping you to look after your body

Cope Foundation
Together we can do great things