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Policy and Procedure Feedback Form

A Policy and Procedure Feedback Form is available on the Western Care Association Intranet (under Procedures) which will provide an opportunity to comment on any policy/procedure.

Your comments will be forwarded to the person who has the lead for the on-going development of the policy/procedure.

All comments will be collated by the person responsible and will inform the three-yearly review cycle for updating procedures.

1. Introduction

Western Care Association is committed to supporting people with a wide range of learning and associated disabilities. This Personal / Intimate Care policy applies to staff / supports in the provision of such care for both children / adults availing of our services.

The individual's dignity should always be preserved with the highest level of privacy, choice, control and respect. Personal / intimate care is a sensitive area and will require staff / supports to be respectful to the individual's needs. As part of our person centred approach, staff / supports should have sufficient time to get to know the individual and build up a trusting relationship before providing such care.

Policy Statement

It is the policy of Western Care Association that personal / intimate care is provided to individuals in accordance with our values. It should be delivered in a manner which is directed by the individual and promotes the person centred ethos of the organisation.

Purpose

The purpose of this policy is to support individuals who require assistance with their personal / intimate care needs. It will provide staff / supports with guidance on the provision of such care.

Scope

This policy applies to staff / supports of Western Care Association involved in the provision of personal / intimate care for both children and adults.

2. Definitions

(This section defines the different types of care individuals may require)

Definition of Personal Care

Personal Care involves assisting and supporting individuals with their personal presentation. It is of a less intimate nature as it does not invade personal, private or social space to the same extent as intimate care.

Personal care tasks specifically identified (but not exhaustive) as relevant include:

- Skin care / applying external medication
- Supported eating / Peg Feeding
- Hair care
- Dressing and undressing (clothing)
- Washing non intimate body parts
- Shaving
- Dental care
- Applying deodorant.

There may be circumstances where an individual's or child's personal care may need to be carried out in a specific and consistent manner in accordance with their wishes and their developmental goals. This needs to be captured in the Personal / Intimate Care Plan (*Appendix 1*).

Definitions of Intimate Care

Intimate Care is any task of an intimate nature which the person is unable to undertake for themselves. It is associated with bodily functions and personal hygiene which necessitate direct or indirect contact with intimate parts of the body.

Intimate care tasks specifically identified (but not exhaustive) as relevant include:

- Dressing and undressing (underwear)
- Assistance with use of the toilet
- Changing incontinence wear
- Bathing/showering
- Washing intimate parts of the body
- Changing sanitary wear
- Inserting suppositories/pessaries
- Administering enemas.

It is necessary that once intimate care needs are identified and agreed, they must be captured in each individual's Personal / Intimate Care Plan (*Appendix 1*).

3. Using the Personal/Intimate Care Plan

When it has been determined that a Personal/Intimate Care Plan is required this should be completed by the individual and/or their representatives, the relevant staff and others. Given that there may be a number of areas where someone needs support in both personal and intimate care the people involved in supporting this will vary. For example most personal care plans will involve the person and their Network/Support Circle. However some procedures requiring support may have a medical dimension and require medical professionals such as the G.P., Continence Nurse, Public Health Nurse etc., to sign off on these. It will not be practical to ask G.P.s etc to sign off on a lengthy document that describes a number of personal care procedures that have nothing to do with them.

The logic of this is that some individuals will have more than one Personal/Intimate Care Plan completed for them. The manager or Named Staff will need to ensure that some discretion is used in ensuring Personal/Intimate Care Plans are written in such a way that those involved are clear what is covered in the plan.

An individual could have a number of tasks they need support with for their personal care which might be signed off and agreed by the Support Network/Circle. The same person may also need a medical professional to sign off on a plan for a specific medical procedure that has an intimate care dimension. The Support Network/Circle would also sign off on this in addition to the other personal care items such as bathing, dressing etc as relevant. All the completed Personal/Intimate care Plans would be kept in the individual's IP folder.

4. Staff / Supports Roles and Responsibilities:

- Every individual has their safety, dignity, privacy and right to exercise choice respected at all times
- All aspects of personal / intimate care should be directed and guided by the individual
- All interactions are individualised to promote the health, well-being and fulfilment of the individual
- Individuals are encouraged to develop a level of independence through skill teaching and the use of assistive aids which promotes their dignity and privacy
- If, during personal / intimate care, staff / supports accidentally hurt the individual or suspect that the individual has/or is being abused, they must follow the appropriate policies:
 - Incident Reporting
 - Guidelines on the Protection and Welfare of Adults with a Learning Disability and/or Autism
 - Child Protection Procedure
- In most situations, personal / intimate care is carried out by one staff / support. Where an issue of concern arises for the first time, staff / supports must report to their manager and follow organisational procedures.

5. Communication

“When you take the time to actually listen with humility to what people have to say, it's amazing what you can learn” — Greg Mortenson.

The following are some guidelines which promote best practice in how we communicate:

- Staff / supports ability to communicate well helps to build good relationships with the individual
- The individual's means of communication will be identified in their Individualised Plan (IP). An accessible format of the Personal / Intimate Care Plan may need to be included by way of total communication
- Staff / Supports must seek the individual's consent and be clear about their level of understanding
- Where an individual cannot give verbal consent, avail of opportunities to clarify their consent and understanding of the process through their preferred methods of communication
- Before commencing to assist the individual and throughout, explain in a reassuring way what is happening and in a manner that the person understands. In this way, the person is prepared for and can anticipate your assistance
- Physical contact will be affirming and informed by the knowledge of any sensory preferences
- Staff / Supports should have a knowledge and understanding of any religious or cultural sensitivities related to aspects of intimate care for each person
- Ensure that non-verbal communication and body language gives the same message as verbal communication
- It is important to ensure that staff/ supports are self-critical and aware of their verbal and non-verbal communication. A conflict between these forms of communication may cause confusion and lead to distress.

6. Consent

- Consent from parents / carer is required for children. It is not a requirement for adults; however, best practice should involve consultation with them. They may have invaluable advice and guidance regarding the personal / intimate care needs of their son / daughter / sibling
- Individuals may voice preferences, comment on their own care or make an observation which will inform their plan
- The organisation recognises the right of the individual to refuse to participate in aspects of intimate care. In the event of this occurring, it is important to discuss this with the individual and their supports. The issues will be addressed with a view to introducing a plan that is acceptable to the individual
- Where issues remain unresolved for the individual, they can make a formal complaint through the organisation's Procedure for the Resolution of Concerns and Complaints to Western Care Association.

- Consent will be recorded on the Personal / Intimate Care Plan by the individual or those acting on their behalf
- Consent should be sought from an individual where information regarding their plan is sought from any external agency.

7. Sexual Aspects of Intimate Care

- An individual may be sexually aroused while being supported with intimate care. This is a normal and natural physiological response
- Every effort should be made to ensure that his / her dignity is maintained and that anticipation or evidence of sexual arousal is treated with sensitivity and respect (i.e. not to speak in a dismissive or derogatory way, not to leave the person exposed if in a sexually aroused state, etc.)
- There are specific types of intimate touch that can stimulate sexual arousal, these should be acknowledged to ensure that the agreed care is identified
- As a general guideline, physical contact will not be undertaken while someone is sexually aroused
- Where an individual is receiving sexual education / guidance, they should not receive intimate care support from the person providing that education / guidance as far as is practicable
- Masturbation is a normal sexual expression which may take place in an inappropriate context. To preserve the individual's dignity, he / she should be afforded privacy. This support requirement should be included in the Personal / Intimate Care Plan
- Some individuals may remove their clothing in an inappropriate setting. This may or may not be of a sexual nature. To preserve the individual's dignity, he / she should be afforded privacy. This support requirement should be included in the Personal / Intimate Care Plan
- Massage may be carried out in a variety of different means from qualified therapists, holistic treatments, to the organisation's frontline staff / supports:
 - Massage should be carried out only with an individual's informed consent and the knowledge / agreement of an individual's parents / carers
 - Massage must only be offered once an individual's sensory preferences are established or forms part of a relaxation / therapeutic programme
 - Approaching an individual through touch in this way should be within a relationship of trust, built up gradually with staff / supports who know the individual well and who can sensitively interpret and respond to the individual's reactions
 - Massage should be discontinued at the first indication of the person's wishes to do so. These responses should be clearly noted in the individual's Personal / Intimate Care Plan
 - Massage should never be carried out on sexual parts of the body.

8. Medical Procedures

- Prior to undertaking any medical procedure, consent or agreed informed consent must be obtained from the individual and / or parents / carers
- Demonstration or training with regard to some medical procedures may be required. The FLM should address this requirement in consultation with the relevant Senior/Regional Services Manager/Head of Department who will liaise with ETD as appropriate.
- The individualised procedure should be agreed and signed off by the individual / family/Support Network/Circle and, if appropriate, should be agreed and signed off by other relevant medical professionals (e.g. G.P. or Continence Nurse using the Personal/Intimate Care Plan)
- Any difficulties arising should be addressed immediately.

9. Transport

- Under normal circumstances, intimate care should be planned so as not to coincide with time spent in a bus or car.
- In an emergency, this may become necessary although the surroundings will be less than ideal. Due regard should be given to the privacy and dignity of the individual.
- Clear communication is essential and it is important for the driver / staff / supports to discuss issues / concerns with their manager in order to reach decisions based on balanced judgement and good working practices.
- Drivers / staff / supports should report any such incidences to their relevant manager.
- A team approach involving all those concerned should work towards an agreed solution.
- When driving the organisation's transport, all drivers have a responsibility to ensure identified practices for dealing with body fluids, spillages and disposal of soiled material will be in accordance with the organisation's Infection Control policy. All transport should be equipped with the appropriate items to deal with intimate care related tasks, e.g. disposable latex gloves, plastic apron, disinfectant, disposable bag, cleaning wipes, disposal paper towels, etc.

10. Safety

- It is sometimes necessary to use equipment while supporting an individual with intimate care
- Each individual must be assessed for any equipment needs by appropriate personnel, i.e. Occupational Therapist or Physiotherapist
- All staff / supports should be trained and competent in using the identified equipment

- Staff teams will establish good working practices and should adhere to the organisation's procedure on Minimal Handling Regulations (WCA/MH1) and other relevant procedures.

11. Policy Summary

This policy is essential, not only to increase knowledge, enhance skills and promote good practice, but also to provide a forum for staff to reassess their own attitudes and values in this sensitive area. The effectiveness of this policy, its contents and our approach will be informed by maintaining and advocating for every individual's right to privacy, dignity and respect regarding their personal and intimate care.

12. Appendices

APPENDIX 1 - My Personal / Intimate Care Plan (SAMPLE)

<u>My Personal / Intimate Care Plan</u>	
<p>My name is _____. This is my _____ Care Plan. It has been drawn up by me and those who support me. It is important that all staff / supports in _____ are familiar with it. It will be shared with those significant others who support me in other settings. Everyone who supports me are aware that this plan is in place and has agreed to it.</p>	
<p><u>Describe the type(s) of care that require/s assistance:</u> I need assistance in the following areas</p> <ul style="list-style-type: none"> • Bathing • Washing my hair 	
<p><u>Specify preferred means of communication:</u> I am non-verbal and I communicate using pictures. My Visual schedule is a very important part of my life and plays an integral part in my Personal & Intimate care as it ensures that I know what is happening.</p>	
<p><u>Who will provide the support and where will it occur?</u> I may have preferences within my support team as to who I would like to support me with my Personal & Intimate Care. Please respect my wishes and preferences.</p>	
<p><u>Identify the areas where support is not required:</u></p> <ul style="list-style-type: none"> • I can dry myself once I am out of the bath and I like the privacy to do this in my room. • I can dry and brush my hair independently. 	
<p><u>Identify the necessary equipment:</u> In order to complete the care areas referred to earlier I will need my wash bag, shampoo, towels, flannel/sponge, bubble bath.</p>	
<u>Care Area:</u>	<u>Details the steps involved in supporting the person:</u>
Bathing	<p>When assisting me with any aspect of personal care, staff members should explain what they propose to do and ask me if I am happy to continue. If I am not, ask me if I would like someone else to support me. In relation to bathing, staff should respect my rights to be treated with sensitivity and respected as an individual and to have my wishes and opinions in relation to bathing considered fairly.</p> <p>Preparing for Bathing</p> <ul style="list-style-type: none"> • Engage with me to ascertain my personal preferences. • Check the bathroom is available and the bath is clean. • Check all aids and appliances required are in working order prior to supporting me with my bathing. If not in

	<p>working order, please ensure that the necessary steps are taken to repair/replace the appliances.</p> <ul style="list-style-type: none"> • Check bath mat (if required) to ensure it is securely fastened to the base of bath. • Wash and dry hands thoroughly. • Use gloves and an apron. • Prepare the bath, running the cold water first before the hot water. It must be mixed thoroughly. The cold water is to be turned on first. Turn off the taps. • Before I get into the bath, the person supporting me must check the water temperature with their hand/elbow. The water should feel comfortable warm to the touch. • Support me in checking that I am happy with the temperature of the water. • Never guess the temperature of bath water. • Assist me with undressing as required, maintaining my dignity by covering me with a towel. • Observe the condition of my skin. Note and report any signs of redness, inflammation, bruising, discoloration or rash. • During bathing assist me into the bath (if required). It is important to be aware of and adhere to the specific transfer (moving and handling) requirements that I may have and that are in line with my care plan and risk assessment. • Assist me to wash, encouraging my independence as much as possible in the task. • If it is feasible to leave me to wash myself, those supporting me should remain within earshot, checking at regular intervals so they can hear me call for assistance, should I need it. • If required, assist me to wash my hair, using the flannel as an eye guard to avoid getting shampoo in my eyes. • Assist me in getting out of the bath adhering to my specific moving and handling requirements. • Cover me with a towel as soon as possible to provide warmth and maintain dignity.
Washing My Hair	<ul style="list-style-type: none"> • Explain the procedure to me and gain my consent/co-operation and ascertain my usual habits. • Ensure that the temperature of the water is acceptable to me. • Collect and prepare equipment (basin, large container of water if I am unable to get out of bed, container for

	<p>used water, small jug or hair spray attachment (if in bathroom setting) towels, shampoo, conditioner, my own comb/brush.</p> <ul style="list-style-type: none"> • Those supporting me should wash their hands to prevent cross infection. • Ensure adequate privacy. • Assist me to the bathroom and ensure that I am sitting comfortably. • Protect my clothing using towels. • Drape a separate towel around my shoulders. • Protect my eyes to prevent irritation from shampoo. • Using a small jug, shower head or hair spray tap attachment, wet my hair and apply shampoo to commence washing my hair. • Rinse off the lather and repeat. • Wrap a towel around my hair and assist me into a comfortable sitting position and towel dry my hair. • Assist/accompany me to my bedroom. • Assist me to comb my hair into the usual style and dry with a hairdryer if I indicate that this is what I want. • Clean bathroom sink and area appropriately. • Wash and dry hands thoroughly.
<p><u>Any other comments:</u></p>	
<p><u>Date plan drawn up:</u></p>	
<p><u>Agreed by:</u></p>	
<p><u>Review Date:</u></p>	
<p><i>Good communication between my day service, residential service, respite and home, will ensure consistency in approach to my personal / intimate care.</i></p>	

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List of Reference Policies

- Minimal Handling Regulations (MH1)
- Medication Policy and Procedure (1.7)
- Procedure for the Resolution of Concerns and Complaints to Western Care Association
- Incident Reporting Policy (1.10)
- Guidelines on the Protection and Welfare of Adults with a Learning Disability and/or Autism
- Child Protection Procedure