



St. Michael's House

Intimate Care Policy

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St. Michael's House Policy and Procedures for the provision by staff of Intimate Care

Definition

Intimate care involves touch and close personal contact and has the function of helping the person to achieve and maintain positive health, personal presentation and social outcomes. Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body fluids and personal hygiene which demand direct or indirect contact with or exposure of the genitals or breasts. *(Adapted from NHS definitions, 2013)*

Policy

In line with its values of encouraging and promoting greater personal independence St. Michael's House supports individuals to the best of their ability to manage their own intimate care needs. Where assistance is required by an individual it is the policy of St. Michael's House to provide assistance and support as required and as appropriate. The Intimate Care Section of the Comprehensive Assessment of Need identifies the areas of support required by the service user. The Intimate Care support plan outlines how the intimate care support needs are met.

Persons In Charge (P.I.C.s) and managers must ensure that all staff are familiar with and follow this policy.

Aim of the Policy

The aim of the policy is to ensure that all staff responsible for carrying out intimate care with service users,

- undertake their duties in a professional and caring manner at all times.
- provide guidance and reassurance to service users and other staff
- employ best practice when intimate care is being provided
- promote and exercise consistency in approach.
- provide privacy for service users at all times.

Scope of the Policy

The policy applies to all staff or other persons (e.g. students) requested to provide intimate care to service users in St. Michael's House. This policy covers provision of intimate care to both children and adults. However there are specific considerations in respect of children's needs outlined on Page 6.

Guiding Principles

This policy uses a Rights Based Approach and recognises that every individual has the right:

- To be safe
- To privacy
- To be valued as an individual
- To be treated with respect and dignity
- To be involved and included in their intimate care needs to the best of their ability
- To express their views on their own personal and intimate care and have these views respected
- To practices of intimate care that are consistent.

Policy Context

This policy is informed by, and should be read in conjunction with the following St. Michael's House policies and procedures:

- Safeguarding Service users (2016)
- Positive Behaviour Support Policy (2016)
- Supporting the Personal and Sexual Development of people who use St. Michael's House services (2008)
- Infection Control Policy/Hand Hygiene Policy (2009)
- Holidays / Outside Unit Hours Activities (2000)
- Safe Administration of Medication (2016)
- Frontline Policy (2004)
- Waste management Policy (2007)

All of the above policies are available on St Michael's House intranet

It is also informed by the following national documents:

- HIQA standards
- Children First guidelines
- Trust In Care
- Assisted Decision Making (Capacity) Bill 2014

SECTION II

Consent

Each person will be supported to have as much control and involvement in decision making about aspects of their intimate care.

Varying types of intimate care may be required at different times and the service user should be consulted as to when they would prefer these activities to take place.

If a service user clearly indicates that they do not want to continue with an intimate care procedure this must be respected.

If the service user refuses to consent to an intimate care the issue may become critical and require a very specific planned response from staff. In situations there should be a clear and agreed written plan with regard to how to proceed. All approaches and interactions need to be carefully documented.

Communication

An intrinsic aspect of providing intimate care support to service users requires communicating using a method that is tailored to the needs of the service user. Communication can take many forms such as verbal, non-verbal, argumentative or all three.

Some service users will have very individual communication methods that are non-verbal in nature, very subtle, and are best known and understood by those who know the person very well. It is essential that these methods of communication are acknowledged and responded to. These should be outlined in the intimate care support plan and must be explained to staff before they engage in support.

Staff must observe for service users employing alternative means of communication, e.g. physical prompts or actions (e.g. pushing a staff members hands away) and respond appropriately.

Essential Care

If the person refuses to consent to intimate care and the situation becomes essential or critical their welfare and health, advice must be sought from a senior member of staff, person in charge, nurse manager on call.

Training and Competency

For all staff it is important to understand the organisation's values and standards concerning intimate care. For those working more directly with service users, their qualifications, training and experience, combined with the specific duties of their position, will determine their training requirements. Intimate care is covered as a core competency for frontline positions at interview and induction.

Where a staff member employed by St Michael's House changes position or role, the staff member should discuss the St. Michael's House Intimate Care Policy and Procedures with the Person in Charge and identify what his/her involvement.

As part of a review of persons Intimate Care Support Plan all approaches, interactions and responses must be carefully documented.

In the provision of intimate care needs a plan will be established to address any training deficits and will include identified learning objectives. The Local Induction Checklist for Frontline Staff includes a section on intimate care.

For all staff, there should be local opportunity to update on best practice and understand specific approaches with regard to intimate care.

- Volunteers – volunteers are supernumerary and should not undertake personal care.
- Students – third level students, as part of their clinical or practical placement, may be required to assist in the provision of intimate care. Student involvement must be discussed and agreed with the service user, Person in Charge and/or Supervisor. Students must adhere strictly to St. Michael's House Intimate Care Guidelines.
- Service Users should give consent prior to being assisted in their Intimate Care by a student.

Additional Consideration when providing Personal and Intimate care for a Child:

There must be collaboration with family or legal guardian regarding the nature of the intimate care and support to be provided.

The intimate care support plan should be discussed, agreed and completed to ensure families and service are using same approach which will promote consistency for the child.

Agreement with families and service users regarding communication that is age appropriate and agreed terms/names for body parts.

Incorporated into the plan should be a specific teaching/promotion of independence skills appropriate to the person's age and ability.

SECTION III

GUIDELINES FOR STAFF CARRYING OUT INTIMATE CARE

Intimate care should assist the person to acquire greater personal independence.

Support in intimate care, in the manner in which it is delivered, should have as its aim dignity and respect and an improvement in personal independence and freedom for the individual.

- Involve the person in completing his or her own intimate care plan.
- Encourage and promote the person's independence and participation in all aspects of their personal and/or intimate care. Refer to their personal intimate care plan.
- Use discreet observation to determine if a person is in need of support with their intimate care.
- Before commencing to assist the person, explain what is happening in a straightforward and reassuring manner. In this way the person is prepared for and can anticipate your assistance. Approach the person from the front, make eye contact and use their preferred name.
- Get to know the person and gain an appreciation of his/her needs, likes/dislikes and verbal and non-verbal cues and communication. Effective communication during personal and/or intimate care enables the person to remain more empowered and in control. Staff should always use the person's preferred form of communication e.g. verbal, LAMH, PECS, objects of reference, gestures etc.
- Service users should be encouraged to pre-empt the steps in intimate care. Sequencing in a familiar format will build a persons confidence.
- Provide appropriate facilities that afford privacy and modesty. Ensure adequate space, heating and ventilation to ensure the person's safety and comfort. Ensure privacy for the person e.g. placing a do not disturb sign on the door, locking door if appropriate, closing blind/curtains if appropriate.
- Ensure the necessary equipment is available and in working order. Have towels, clothing and toiletries ready before commencing. Refer to manual handling and risk assessment form where necessary.
- Check in advance that suitable facilities exist for intimate care on outings or holidays.
- Protective clothing must be worn when carrying out intimate care e.g. gloves, aprons etc.
- Wash your hands before and after intimate care and support the person to do the same. Please refer to St Michael's House Hand Washing Policy

- Take appropriate precautions when disposing of soiled material as per The Waste Management Policy.
- To ensure dignity is maintained during intimate care the person should be protected (use of clothing, towels, etc.) as much as possible.
- In intimate care, touch should be affirmative and supportive, not insensitive.
- Have knowledge and understanding of any religious and/or cultural sensitivity related to aspects of intimate care for the person, as set out in the intimate care plan.
- Internal sanitary protection must not be used except in situations where the person can independently attend to their own menstrual care.
- If it is evident that the person receiving intimate care is sexually aroused staff should, allow them space and privacy and if safe to do so, advise them that you will return in a few minutes. Where it is unsafe to leave an individual, staff should provide as much privacy as is practical and should seek support and advice on how best to respond (clinic team or experienced member of staff) if incidents reoccur.
- As a general guideline physical contact should not be undertaken while someone is sexually aroused.
- If the person requires specialist assistance (e.g. stoma care) ensure that staff carrying out the task are qualified and confident to do so. This should be detailed clearly in the person's intimate care support plan.
- Never carry out intimate care procedures unless you know how to carry them out correctly. If in doubt, seek help or advice before commencing.
- Service users should never assist other service users with their intimate care needs.
- Individual intimate care plans should be available for all service users who require any level of assistance and should be read fully and understood before assisting service users (See attached Intimate Care Form Section 4).
- As per Safeguarding Service Users Policy, any concerns with regard to service user's welfare, observed during intimate care must be reported, as soon as possible to your line manager or Nurse Manager on Call who can indicate an appropriate response.

SECTION IV

BIBLIOGRAPHY

HIQA - Intimate Care November 2013

Recommended Reading – Personal Care

All books available in the St. Michael's House Library

- Wrobel, Mary
Taking Care of Myself: a healthy hygiene, puberty and personal curriculum for young people with Autism.
Future Horizons, 2003
- Crissey, Pat
Personal Hygiene? What's that got to do with me?
Jessica Kingsley, 2005
- Hollins, Sheila, Flynn, Margaret and Russell, Philippa
George gets smart.
Books Beyond Words, 2001
- Gast, Christy and Krug, Jane
Caring for myself.
Jessica Kingsley, 2008
- Bradley, Alice and Lambe, Loretto
Helping People with Learning Disabilities Manage Continence: a workbook for support workers and carers.
British Institute of Learning Disabilities, 2006
- Chicoine, Brian and McGuire, Dennis
The Guide to Good Health for Teens and Adults with Down Syndrome.
Woodbine House, 2010
- Wilson, Benita
Care Planning: a guide for nurses.
- Dingwall, Lindsay
Personal Hygiene Care: essential clinical skills for nurses.
Wiley-Blackwell, 2010
- Switch it Hygiene Extra (Inclusive Technology computer CD)
Inclusive Technology 1993

Appendix 1

Guide to completing Intimate Care Support Plan

- ▶ The plan should be completed in partnership with the person, Keyworker and signed off by P.I.C.
- ▶ The plan must reflect the person's preferences and wishes.
- ▶ The person's privacy and dignity must be respected at all times when carrying out the care plans.

Communication:

If the person uses Lamh / objectives of reference/sequencing to understand what is coming next. These should be detailed in the Intimate care plan to help ensure consistency for the person.

The following areas must be completed with details of exactly how the care is to be carried out and how the person participates.

Any plans for development of skills in any of the areas should be provided to ensure consistency for the person.

While supporting the person's daily intimate care, always use the opportunity of 1:1 contact to thoroughly assess them under the areas detail. Clearly document any findings and/or areas that you observe to require further action, i.e., body chart, skin care plan, bowel management plan, oral care guidelines, weight / dietetic r/v.

Bathing:

This section should include whether the person

- prefers bath/shower
- water temperature
- specialised shower gel/shampoo or use of moisturising/barrier creams.

There should also be details of the type of support the person requires such as verbal/physical prompt, hand over hand. some individuals may require further details specific to this need, i.e., level of sound/music/touch. Detail what works best for them.

Is there a plan for development of skills in this area such as Cosán?

Toileting Needs:

This section should include:

- The assistance required by the person. The type of incontinence wear required - including size. Any toilet regime or pattern that is used to support the person including day and night time routine. Some individuals will require more frequent staff support in this area, please detail giving rationale.
- If the person receives PRN medication as part of their bowel management plan, their level of support may increase, i.e. encouraging them to use the toilet more frequently (see bowel management plan).
- If supporting skills development in this area, please indicate active training programme and where more details are available if required.

Dressing: - *this section should include:*

- How person is supported to choose their clothes, do they have a preference for particular clothing, including occasional wear? Please detail the persons comfort level regarding temperature regulation, i.e., do they prefer to wear multiple layering of clothes?
- Can the person get dressed independently or do they required assistance? What level of assistance is needed describe what this is including verbal/physical prompts? Is there a plan for development of skills in this area?
- Does the person have contractures/pressure areas/wounds or any other feature that might cause pain?
- How they are best supported around this difficulty, what dressing routine works best for them?
- Does the person wear specialised foot wear? Have they a preference for particular type of footwear. Do they require help to put foot wear on?

Please include details of nightwear.

OTHER

Shaving: - *This section should include the products used and type of razor.*

- What support does the person require? Is there a plan for development of skills in this area?

Nail Care: - *This section should include how to care for the persons nails.*

- Do they require specialised care - regular chiropodist appointments, any creams or prescriptive medication?
- What is the person's preference regarding nail grooming, i.e. polishes, treatments etc.?
- What support does the person require with nail care - is there a plan for development of skills in this area?

Hair Care: - *This section should include detail of*

- When they have their hair washed, frequency, water temperature? What products are used including medicated if applicable?
- How it is styled? What equipment used hair dryer, straightener?
- What supports are required - is there a plan for development of skills in this area?

Oral Hygiene: - *This section should include detail of:-*

- What supports the person requires? What products are used such as type of toothbrush and toothpaste including any that may be specialised?

As this can be quite an invasive activity please give details of what works best for the person.

Dentures:

- How they are looked after again including any denture solution or denture fixture cream that may be used, routine for wearing dentures?
- Is there a plan for development of skills in this area?