



association

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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 centered 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.
- Eye care
- Ear Care
- Nasal Care
- Hand and Nail Care
- Pressure Sores

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 A*). In order to support staff in developing guidance in this area, a set of sample guidance is included in Appendix C.

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
- Prompting to go to the toilet
- Supervision of an individual involved in intimate self-care
- Changing incontinence wear
- Bathing/showering
- Washing intimate parts of the body

- Changing sanitary wear
- Inserting suppositories/pessaries
- Administering enemas.
- Catheter/Stoma Care
- Colostomy/Ileostomy
- Obtaining samples stools/urine and/or swabs

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. Specialist Involvement in Writing the Intimate Care Plan

- Prior to undertaking any procedure, consent or agreed informed consent must be obtained from the individual and / or parents / careers
- Demonstration or training with regard to some 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.
- Specialist advice may be needed to support staff in developing the Intimate Care Plan. Where relevant the following key personnel may be involved, please note this is not an exhaustive list:
 - GP involved
 - District Nurse
 - Pediatrician
 - Speech & Language Therapist
 - Dietician
 - Occupational therapist
 - Physiotherapist
 - Neurology Nurse Specialist
 - Diabetic Nurse Specialist
 - Stoma Nurse
 - Incontinence Nurse
- The individualized 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.

5. 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 should be supported in this area in a manner in keeping with their personal choices and preferences. Individuals can indicate a preference for particular staff to support them in this regard. Where possible with due regard to roster arrangements, this should be facilitated.
- 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 organizational procedures.

- On occasion where personal care is carried out by two staff working together, it is important to ensure that during the period of engagement with the person, staff remain focused on the individual and the task being undertaken.
- 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 observe any injury of unknown origin during the conduct of personal or intimate care, they must follow the appropriate policies:
 - Incident Reporting
 - Adult Safeguarding Policy
 - Child Protection Procedure

6. 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.

7. Consent

- Consent from parents / carer is required for children.
- Practice in the area of consent for adults will undergo a significant change with enactment of the Assisted Decision-making Bill. Pending that enactment, Western Care works in accordance with the principles of supported decision-making. Individuals are encouraged to make their own decisions. Where they experience difficulty in communicating that decision, every effort is made to facilitate them to indicate their preferences. Where individuals have family members actively involved in supporting them, the Circle of Support process is used to review with Individual and their families/advocates/representatives what the various options are and to agree a way forward. Further development of these processes will be undertaken as per the National Codes of Practice to be released.
- 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
- 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
- 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.

8. 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.

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

	<p>of water if I am unable to get out of bed, container for 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>	

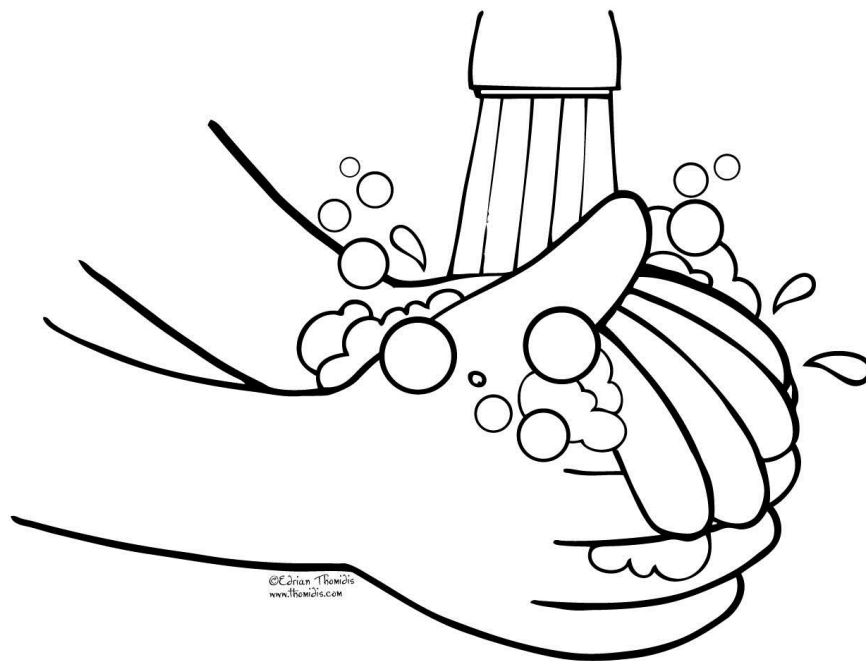
APPENDIX A - My Personal / Intimate Care Plan

<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. I/those who support 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></p>	
<p><u>Specify preferred means of communication:</u></p>	
<p><u>Who will provide the support and where will it occur?</u></p>	
<p><u>Identify the areas where support is not required:</u></p>	
<p><u>Identify the necessary equipment:</u></p>	
<u>Care Area:</u>	<u>Details the steps involved in supporting the person:</u>
<p><u>Any other comments:</u></p>	
<u>Date plan drawn up:</u>	
<u>Agreed by:</u>	
<u>Review Date:</u>	
<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>	

List of Reference Policies

- Guidelines on Minimal Handling
- Medication Policy and Procedure
- Procedure for the Resolution of Concerns and Complaints to Western Care Association
- Incident Reporting Policy
- Child Protection Procedure
- Adult Safeguarding Policy
- HSE April 2019: Guiding Principles Subgroup Policy - Provision of Person and Intimate Care

GENERAL GUIDANCE FOR STAFF
ON SUPPORTING AN
INDIVIDUAL WITH ROUTINE
PERSONAL CARE



Dressing and Undressing (Clothing)

Staff should always ensure that they are informed about any religions or cultural beliefs and sensitivities pertaining to privacy and modesty when supporting with personal care. They should include the following guidelines when developing a personal care plan supporting an individual around dressing and undressing:

- **When assisting an individual with any aspect of personal care, staff members should explain what they propose to do and ask the individual if it is in order to proceed.**
- Ensure facilities provide privacy and modesty.
- People should be encouraged to dress/undress themselves independently.
- Remove clothing from lower body first.
- Ensure lower regions are covered before removing garments from upper body.
- Encourage the individual to assist in whatever way possible.
- Refer to moving and handling procedures for safe movement of the person and safety of staff.

Supporting an Individual with Dental Care

Staff should include the following guidelines when developing a personal care plan supporting an individual around dental care:

- All individuals will be supported to manage their own dental care.
- However, in circumstances where this is not possible or the person chooses not to, support should be provided should be in line with a person centred approach.
- **When assisting an individual with any aspect of personal care, staff members should explain what they propose to do and ask the individual if it is in order to proceed.**
- In relation to mouth hygiene, staff will respect the rights of people to be treated with sensitivity and respect and to have their wishes and opinions considered fairly.
- Ensure the individual is in a comfortable position and their own tooth brush and toothpaste is to hand.
- Encourage independence as much as possible and only assist as required.
- If the individual cannot brush their own teeth, a staff member will be required to carry this out for them. Staff should observe for discoloration and any changes to the mouth and document any related concerns.
- Staff should ensure that they do not brush too rigorously and check the service user is comfortable at all times.
- Provide water to rinse the mouth and mouthwash if desired.

Supporting an Individual with Ear Care

- All individuals should be supported to manage their own ear care.
- However, in circumstances where this is not possible or the person chooses not to, the support provided should be in line with a person centred approach.
- **When assisting an individual with any aspect of personal care, the staff member should explain what they propose to do and ask the individual if it is in order to proceed.**
- In relation to ear care to be treated with sensitivity and respect as individuals and to have their wishes and opinions considered fairly.
- The ear is normally a self-cleaning mechanism. Wax acts in a protective manner, catching particles that may land in the ear. Fine hairs inside the ear canal constantly move wax and sloughed skin out of the canal. Wax and skin can build up inside the ear canal. If the canal is not clean, the eardrum may become completely blocked, greatly reducing hearing and eventually causing permanent damage.
- One cause of excessive wax build up is the use of cotton buds. The cotton bud is larger than the ear canal. Sometimes when you use a cotton swab to clean your ear, you can push wax deeper into the ear canal and partially or completely block it.
- Only a General Practitioner (G.P.) or hearing specialist should remove excess wax. Do not try and remove ear wax with cotton swabs, hair pins or any hard object. You can damage your ear canal or eardrum. The rule of thumb is do not put anything smaller than your elbow in your ear.
- If there is itching inside the ear canal, place a few drops of baby oil in the canal once or twice a week to lubricate, if advised to do so by a medical practitioner or nurse.
- If the person frequently has fluid in their middle ear, bring the issue to the attention of your line manager who will refer to a G.P.
- Fluid normally drains from the ear via the Eustachian tube.

If the Eustachian tube becomes blocked, fluid can:

- Cause damage to the small bones in the middle ear.
- Cause extreme pain.
- Possibly rupture the eardrum.

If pus flows from any part of the ear, this may be indicative of an infection and the individual should be referred to a G.P. promptly. Common symptoms associated with hearing impairment are ringing in the ears, a feeling of pressure in the ears and dizziness. Contact a doctor if the individual experiences any of these symptoms, particularly if they have recently began taking new medication or experienced some kind of head trauma. If the individual has pierced ears, clean the earrings and earlobes regularly with warm water.

Supporting an individual by Administering Ear Drops

Staff should include the following guidelines when developing a personal care plan supporting an individual around administering ear drops:

- All individuals will be supported to manage their own ear care.
- However, in circumstances where this is not possible or the person chooses not to, support should be provided should be in line with a person centred approach.
- **When assisting an individual with any aspect of personal care, staff members should explain what they propose to do and ask the individual if it is in order to proceed.**
- Explain each step to the individual if possible with effects and side effects of ear drops.
- Comfortably position the individual, either sitting or lying down, with their head well supported.
- Check the drop's name and date of expiry against the prescription.
- Wash hands thoroughly and apply gloves.
- Before administering drops, warm the drops to body temperature simply by rolling the container back and forth between your hands. Do not place the bottle in boiling water as the eardrops may become so hot that they cause pain or damage when placed in the ear. Boiling water may also cause the container's label to loosen or peel off and might even ruin the medication.
- Eardrops must be administered so they fill the ear canal. To use eardrops properly tilt the individual's head to one side, turning the affected ear upwards. Grasp the earlobe and gently pull it upward towards the top of the head and back to straighten the ear canal.
- Fill the dropper and place the prescribed number of drops (usually a dropper full) into the ear. Be careful to avoid touching the sides or edge of the ear canal because the dropper may easily become contaminated by such contact.
- Keep the ear tilted upward for five to ten seconds while continuing to hold the earlobe. A G.P. may have advised to gently insert a small wad of clean cotton into the ear to prevent the medication from seeping out. Do not wash or wipe the dropper after use. Replace it in the bottle and tightly close the bottle to keep out moisture.
- Wash and dry hands thoroughly.
- Store ear drops at appropriate temperature.

Supporting an individual with Eye care

Staff should include the following guidelines when developing a personal care plan supporting an individual around eye care:

- All individuals will be supported to manage their own eye care.
- However, in circumstances where this is not possible or the person chooses not to, support should be provided should be in line with a person centred approach
- **When assisting an individual with any aspect of personal care, staff members should explain what they propose to do and ask the individual if it is in order to proceed.**
- Eye problems including eye pain or redness and changes in vision may be a problem that requires medical attention.
- Individuals will be supported to attend optician appointments and seek medical advice where required.
- In the case of eye infections the individual will be supported to care for their eyes.

Procedure for Cleansing Eyes:

- Explain the procedure to the individual gaining their consent.
- Ensure that they are sitting comfortably.
- Advise individual to avoid contact with the eyes.
- Wash hands often.
- Cleanse the eye using cotton wool and lukewarm water.
- Dip the cotton wool in the water and begin to cleanse, from the nose outwards moving to the outside of the eye.
- Only use one piece of cotton wool per wipe.
- Dispose of cotton wool after use in the bin.
- Do not clean both eyes with the same piece of cotton wool.
- Repeat procedure on other eye.

Administering Eye Drops:

- Eye drops may be prescribed for a variety of conditions/illnesses, the most common is conjunctivitis or pink eye.
- Ensure that the individual is in a relaxed and comfortable position. This can be standing, sitting or lying down.
- Explain the procedure and gain their consent.
- Gently open the individual's eye, using thumb and forefinger gently but forcibly as s/he will automatically want to squint and squeeze the eye tight.
- Drop the liquid inside the corner of the eye and let it roll into the eyes or if you can open the bottom lid to create a little pocket.
- Drop the medication into the pocket.
- Be sure to have a soft towel or cotton swab to wipe up any extra that may escape.
- Encourage the individual to keep eyes closed for 2-3 minutes after the drops have been administered and tip head down as though looking at floor. Encourage the individual not to blink or squeeze eyelids.

Administration of Eye Ointment:

- Wash hands.
- Take lid off the ointment.
- Gently pull down lower eye lid and get individual to look up.
- Hold the tube above the eye and gently squeeze a 1cm line of ointment along the inside of the lower eyelid, taking care not to touch the eye or eyelashes with the tip of the tube.
- Get individual to blink eyes to spread the ointment over the surface of the eyeball.
- Vision may be blurred, so advise individual not to open eyes or don't rub them.
- Wipe away any excess ointment with a piece of clean tissue.
- Repeat this procedure for the other eye, if advised to do so by doctor or pharmacist.
- Replace the lid of the tube.
- Take care not to touch the tip of the tube with fingers.
- If the individual has been prescribed more than one type of ointment, wait for about half an hour before using the next ointment, to allow the first to be absorbed into the eye.

Supporting an individual with Nasal care

Staff should include the following guidelines when developing a personal care plan supporting an individual around nasal care:

- **When assisting an individual with any aspect of personal care, staff members should explain what they propose to do and ask the individual if it is in order to proceed.**
- Nasal congestion can be caused by allergies, colds and flu's.
- Saline gently removes mucus and bacteria blocking the nasal passages. It helps relieve inflammation of the sinuses, nasal congestion and allergic rhinitis and can stop colds.
- Individuals will be supported to care for nasal passages and uphold hygiene standards.

Administration of Nose Drops:

- Nose drops may only be administered by staff trained to administer medication
- Explain each step to the individual with effects and side effects of nose drips and gain their consent.
- Comfortably position the individual, either sitting or lying down, with their head well supported.
- Encourage individual to gently blow their nose. Some individuals may need assistance with this task. Wash hands thoroughly in soapy water.
- Check the dropper to ensure it is not chipped or cracked.
- Avoid touching the dropper tip against a clean nose.
- Encourage individual to tilt head back as far as possible or get them to lie on a flat surface (e.g. a bed) and hang head over the edge.
- Place the correct number of drops into the nose.
- Get individual to bend head forward towards knees and gently move it left to right.
- Get the individual to remain in this position for a few minutes.
- Clean the dropper tip with warm water, cap the bottle right away.
- Wash hands to remove any medication.

Administering Nasal Sprays:

- Some nasal sprays give an unpleasant taste as they drain into the back of throat. A drink of liquid will help take taste away.
- Explain procedure to the individual, step by step, explaining effects and side effects gaining their consent.
- Shake bottle well.
- Encourage individual to gently blow nose so that nostrils are clear.
- Wash hands in warm soapy water.
- Remove lid of bottle.
- Encourage individual to tilt head slightly.

- Close one nostril gently pressing against the side of the nose with a finger.
- Insert the tip of the nasal spray into the other nostril and encourage the individual to breathe in slowly through the nose.
- While still breathing in, squirt one spray into the nostril keeping the bottle upright.
- Remove the spray from the nostril and get individual to breathe out through their mouth.
- Encourage individual to tilt head backwards to allow the spray to drain into the back of the nose.
- Repeat this procedure for the other nostril if advised to do so by doctor or pharmacist.
- Replace the lid on bottle.

Supporting an Individual with Shaving

Staff should include the following guidelines when developing a personal care plan supporting an individual around shaving:

- All individuals will be supported to manage their own shaving.
- However, in circumstances where this is not possible or the person chooses not to, the support will be provided support in line with a person centred approach.
- **When assisting an individual with any aspect of personal care, staff members should explain what they propose to do and ask the individual if it is in order to proceed.**
- In relation to shaving, staff will respect the rights of people who use to be treated with sensitivity and respect as individuals and to have their wishes and opinions considered fairly.
- Some individuals may require support and/or assistance with shaving, which may include 'dry' shaving (electric shavers) or 'wet' shaving. Communal electric razors must not be used, for Infection Prevention and Control reasons. Read the individuals Care Plan for type of shaving usually preferred.

The following is the guidance for staff for 'wet shaving':

- Engage with the individual to explain the process, to gain co-operation and consent and to ascertain usual habits. Observe for any sore or broken skin conditions that may contraindicate shaving.
- Ensure adequate privacy.
- Wash and dry hands thoroughly.
- Put on gloves.
- Ask/assist the individual to wash the area to be shaved.
- Apply the shaving cream or soap to the area, creating a good lather.
- Ensure that a new /sharp razor is used. An open razor should not be used.
- Using short strokes of the razor in the direction of the hair growth, shave the area.
- When shaving the face, use a free hand to gently pull the skin taut. Individuals can often help by making facial movements that tighten the skin being shaved e.g. filling out cheeks with the tongue.
- Avoid any raised areas such as moles or blemishes.
- Rinse the razor off in hot water after each stroke.
- When the entire area has been shaved, rinse with clean water and pat dry with a towel.

Supporting an Individual with Eating (Supported Eating)

N.B: This guidance is to support staff in ensuring consistent and safe practice in supporting individuals with eating and drinking in the context of providing day to day support with activities of daily living. Where a person presents with a specific difficulty with Feeding or Drinking, or has been placed on a modified diet, then a specific set of guidance will have been developed by the Speech and Language Therapist involved and these must be adhered to.

Staff should include the following guidelines when developing a personal care plan supporting an individual around eating:

- All individuals will be encouraged to maintain independent eating and drinking skills. Where this is not possible or the person chooses not to, support will be provided in line with a person centred approach.
- **When assisting an individual with eating/drinking, staff members should explain what they propose to do and ask if it is in order to proceed.**
- In relation to eating/drinking, staff will respect the rights of people to be treated with sensitivity and respected as individuals, and to have their wishes in relation to eating/drinking considered fairly.
- The person's care plan should be read in advance to identify any cultural or religious preferences the person may have, or any medical conditions (e.g. Diabetes, allergies) as they may be unable to inform staff members themselves. Where possible staff members should discuss with the person how much support they need to assist them eating/drinking.
- If the person can manage eating/drinking themselves allow as much choice as possible to maximise independence and self-esteem. Whenever possible, they should be able to decide when and where they eat.

Visual Impairment:

- If the person is visually impaired, food must be presented in a way which allows the person to feed themselves if they are able and chose to do so.

Feeding Aids:

- There are many specially designed cups, plates and cutlery on the market which allow individuals to manage their own eating/drinking. Use of these aids should be recommended and/or advised by appropriately trained professionals and should then be identified on the individual support plan.

Facilitated feeding of an adult/child

- Give the person a verbal or visual cue for mealtime and allow the person to smell the food s/he is about to taste.
- Ensure that the person is in an upright position
- Ensure that you sit face to face, at his/her eye-level
- Ensure that the person is alert and orientated before feeding. Stop feeding if the person appears to be sleepy.
- Give small amounts at a time.

- Take the spoon/fork to the person's mouth and hold it just in front of his/her mouth so that s/he is aware of where it is. Let him/her see the spoon/fork and choose to touch it.
- Allow the person to come forward and taste the food off the spoon and move away from it as s/he pleases.
- Do not force him/her to eat the food. Let it be on his/her own terms.
- Given time the person may bring his/her own hand to the cutlery and move away from it as s/he pleases.
- When placing the spoon/fork inside the person's mouth apply firm but gentle pressure downwards and slightly back on the tongue with the bowl of the spoon.
- Hold the spoon still and wait for a reaction
- Look for the person's upper lip to come downwards towards the spoon/fork.
- Remove the spoon/fork on a horizontal angle and try not to scrape the food off his or her teeth and upper lip.
- Allow the person plenty of time to finish each mouthful completely and has swallowed what is already in their mouth before giving the next spoonful.
- Do not have a loaded spoon waiting as this can look as if you're saying "hurry up"
- Be mindful of the person's level of communication and keep instructions short and simple. Look for signs or indicators that the person wants more or has finished and act accordingly
- Changes in appetite or eating patterns must always be noted and monitored as this may be indicative of an underlying issue.

Hair- Care -Supporting an Individual with washing their own hair

Staff should include the following guidelines when developing a personal care plan supporting an individual around washing their own hair.

All persons will be supported to manage washing their own hair. However, in circumstances where this is not possible or the person chooses not to support will be provided in line with the person centred approach.

When assisting a person with any aspect of personal care, staff members should explain what they propose to do and ask the individual if it is in order to proceed. The individuals support plan must be read first.

In relation to washing hair, staff must respect the rights of persons to be treated with sensitivity and respect as individuals and to have their wishes and opinions considered fairly.

How to support an individual in washing hair:

- Read the individuals Care Plan.
- Explain the procedure to the person and gain consent/co-operation and ascertain usual habits.
- Ensure that the temperature of the water is acceptable.
- Collect and prepare equipment (basin, large container of water if the person is unable to get out of bed, container for used water, small jug or hair spray attachment (if in bathroom setting) towels, shampoo, conditioner, persons own comb/brush.
- Wash hands to prevent cross infection.
- Ensure adequate privacy.
- Assist the person to the bathroom and ensure that s/he is sitting comfortably.
- Protect his/her clothing using towels.
- Drape a separate towel around his/her shoulders.
- Protect the person's eyes to prevent irritation from shampoo.
- Using a small jug, shower head or hair spray tap attachment, wet the hair and apply shampoo to commence washing the person's hair.
- Rinse off the lather and repeat if the person wishes.
- Wrap a towel around the hair and assist the person into a comfortable sitting position and towel dry the hair.
- Assist/accompany the person to their bedroom.
- Assist the person to comb his/her hair into the usual style and dry with a hairdryer as requested.
- Clean bathroom sink and area appropriately.
- Wash and dry hands thoroughly.

(Compiled by Christina Gallagher, Social Care Leader, Teach na hOige. – October 2015)