

PC-05

POLICY AND PROCEDURE

Assisting Service Users with Personal Hygiene **and Intimate Care**

Approved by: _____

Date Effective From: _____

Review Date: _____

CARRIGLEA CAIRDE SERVICES

Procedures Manual

Title: ASSISTING SERVICE USERS WITH PERSONAL HYGIENE AND INTIMATE CARE

1.0 Scope

- 1.1 The support and assistance given by staff to meet the personal hygiene and other intimate care needs of service users.
- 1.2 The services guidance on same and cross gender care

2.0 Aims and Values

- 2.1 To assist service users to feel comfortable and at ease about their personal hygiene and other intimate care needs and to ensure they are provided with the necessary assistance to meet their requirements.
- 2.2 To give direction to staff when operating in sensitive situations including supporting individuals with intimate care needs.
- 2.3 To ensure that the privacy and dignity of the service users is respected and that they are protected from exploitation and all forms of abuse.

3.0 Contents

- 6.0 General Guidelines
- 7.0 Bathing or Showering.
- 8.0 Toileting.
- 9.0 Staff hygiene
- 10.0 Reporting and Recording Concerns

4.0 Referenced Documents

- SD-28 Laundry Procedure.
- SD-24 Infection Prevention and Control
- PC-03 Service Users' Mobility
- PC-07 Management of Continence
- PC-08 Oral Care
- C4-85 Notice of Accident/Incident to person
- C4-07 Body Mark Observations Chart
- C4-89 Menstruation Record
- Person Centred Plan/Care Plan.
- HIQA Guidance Document on Intimate Care
- Urethral Catheterisation Clinical Guidelines

5.0 Responsibilities

- 5.1 Management and all staff who are responsible for providing intimate care.

Procedure No: PC-05	Revision No: 4	Page 1 of 6
Issue Date: February, 2020	Authorised By: Vincent O'Flynn, Chief Executive	

6.0 GENERAL GUIDELINES

- 6.1 The needs of service users are varied and many will be able to maintain personal hygiene independently. However, those who require support should be given assistance in a way that achieves a balance between ensuring the service users privacy and maintaining their health and safety, appropriate care.
- 6.2 Service users must be protected from any form of behaviour which violates their dignity.
- 6.3 A needs assessment around personal care and intimate care should be carried out and the outcome should be documented in a care plan in the person's *Person Centred Plan*. Care plans for the provision of intimate care should be drawn up in close consultation with the person and his/her family. Care plans should be designed to lead to as much independence as possible and should be reviewed regularly.
- 6.4 **Gender Preference:** The HIQA guidance document on Intimate Care (October, 2014) states '*Wherever possible, staff should work with individuals of the same sex in providing intimate care. When setting up a personal care plan, it may be acceptable to all parties for a carer to be of the opposite sex. Religious and cultural values must always be taken into account.*' If a service user has expressed a preference to receive personal care from a care giver of the same gender as themselves, then as far as possible, this preference should be accommodated. However, whilst every effort will be made to accommodate such preference, demands on staffing resources may be such that this is not always possible. Any requests in relation to the gender of care givers should be documented in the person's *Person Centred Plan*.
- 6.5 **Definition of Intimate Care:** The following is the definition used in the HIQA guidance document on Intimate Care – '*care tasks associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure to the sexual parts of the body. In addition to this, intimate care may also include tasks such as help with feeding, oral care and hair care.*'
- Examples of intimate care tasks include – help with eating, oral care, shaving, skin care, applying topical medication, hair care, nail care, ear care, dressing and undressing (underwear), using the toilet, changing continence pads, bathing, showering, menstrual care, administering enemas or rectal medication, catheter or stoma care and massage. (*see clinical guidelines on Urethral Catheterisation*) Intimate care also extends to prompting to use the toilet and supervision of an individual involved in intimate self-care. Further guidance with regard to aspects of personal care are set out in the other policy/procedure documents in the *Personal Care Section of the Cared 4 system e.g. Oral Care*.
- 6.6 It is important that staff read the relevant service user's *Care Plans* before proceeding with an intimate care procedure.
- 6.7 The service user's permission should be sought before commencing intimate care whenever possible. Each stage of the procedure should be explained to the service user in a straightforward and reassuring way. The HIQA Guidance Document of Intimate

Procedure No: PC-05	Revision No: 4	Page 2 of 6
Issue Date: February, 2020	Authorised By: Vincent O'Flynn, Chief Executive	

Care states that care givers should “*Be mindful of the psychological effect that a person might experience due to relying on others for support with intimate tasks*”.

- 6.8 Staff should encourage service users to have a positive image of their own bodies. This approach can lead to increased confidence and assertiveness and thereby reduce vulnerability.
- 6.9 Whenever possible, intimate care should be carried out by the service user themselves. Where assistance is required, it should be provided, as far as possible, by a staff member with whom the service user is familiar and comfortable with.
- 6.10 For further information in relation to Intimate Care, see the *HIQA Guidance for Designated Centres. 2014* which is available on the HIQA website or a hard copy is available in the Booklets Box in each area.
- 6.11 Staff whose role includes the provision of intimate care will receive training in this Policy and Procedure on Assisting Service Users with Personal Hygiene and Intimate Care.
- 6.12 The manager must always ensure that newly recruited staff and agency staff are familiar with this policy and the individual service user’s care plans before supporting the person with intimate care.
- 6.13 Application of topical medicines, moisturising creams or use of essential oils should be carried out strictly in accordance with instructions and should be recorded by staff. Staff should explain the reason for the application of product to the service user.
- 6.14 Staff should demonstrate their respect for the dignity, modesty, and privacy of service users through their general demeanour and also through the manner in which they address and communicate with the person. Staff should dress appropriately and avoid any ageist, sexist or other inappropriate comments or jokes.

7.0 BATHING/SHOWERING

The member of staff should:

- 7.1 Ensure that the bathroom is safe – i.e. that the floor is dry, bath mats are in place, etc. Also ensure dignity by keeping the door closed and closing windows if necessary. Ensure that the bathroom is sufficiently heated and ventilated.
- 7.2 Offer service users the choice of a bath or a shower while being aware of the level of assistance required, from information that is recorded in the relevant *Care Plans*. This includes mobility care plan e.g. use of hoisting facilities. See Policy and Procedure on *Service User Mobility*.
- 7.3 Where a service users need assistance:
- Involve the service user in bringing their toiletries, towels and any creams to be used to the bathroom. (residents’ personal toiletries should not be stored in a communal bathroom)

Procedure No: PC-05	Revision No: 4	Page 3 of 6
Issue Date: February, 2020	Authorised By: Vincent O’Flynn, Chief Executive	

- Involve the service user in choosing the clothing they wish to wear.
- 7.4 Prior to the bath ask the service user if they would like to use the toilet, following the procedure for toileting, (*see Section 8.0 of this procedure*).
 - 7.5 Run the bath or shower (cold water first). Check the temperature to ensure water is not too hot or too cold. Ask the service user if he/she is happy with the temperature of the water.
 - 7.6 Assist the service user with undressing, if required and provide appropriate assistance as detailed in the *Care Plan*.
 - 7.7 Assist the service user into the bath or shower, making sure the water is at a satisfactory temperature, reassuring the service user at the same time.
 - 7.8 Ensure the service user's face is washed first and check how they like their hair to be washed. When washing hair, protect the person's eyes to prevent irritation from shampoo.
 - 7.9 Using a sponge or face cloth, assist with washing the service user, encouraging the person to do as much as they can for themselves – especially in washing their private parts.
 - 7.10 Give service users the choice of a reasonable amount of time to be in the bath or shower in accordance with their wishes.
 - 7.11 On completion of the bath or shower, provide assistance out of the bath or shower as detailed in the *Care Plan*.
 - 7.12 When required in line with the *Care Plan* assist the service user with drying, ensuring that delicate areas are dried. Ask if they would like to use any toiletries and apply creams where required.
 - 7.13 Check for signs of cuts, bruising, redness, swelling, inflammation, rashes, pressure sores or other sign of discomfort requiring attention on any part of the body. If any bruising is observed, complete a *Notice of Accident/Incident Form* and report any marks noted to the manager immediately. Record date and mark on a *Body Mark Observation Chart* and also record the mark in the service users *Daily Report Record*. If there is recurrent bruising, a review should take place to ascertain any possible cause and the outcome followed up.
 - 7.14 Assist the service user with drying and styling of hair and assist with dressing when required. Check that hearing aids, spectacles or any other personal aids are properly in place.
 - 7.15 Safely and hygienically, dispose of any soiled items or waste products as per local arrangements and attend to laundry, see *Laundry Procedure*.
 - 7.16 Ensure bathroom is left clean and tidy.

Procedure No: PC-05	Revision No: 4	Page 4 of 6
Issue Date: February, 2020	Authorised By: Vincent O'Flynn, Chief Executive	

- 7.17 Use disposable gloves/aprons in accordance with infection control guidelines.
- 7.18 Maintain the service user's privacy, dignity and modesty at all times. This includes situations where service users may be dressing/undressing or showering in a communal area e.g. the dressing room of the swimming pool.

8.0 TOILETING

8.1 Individuals should be encouraged to communicate the need to use toilet facilities. Following a request from a service user for assistance to use the toilet, or where the service user is unable to make a request, the member of staff should ask the service user in an appropriate manner if they wish to use the toilet and should:

- Assist the service user to the toilet.
- Knock on the door to see if the toilet is vacant.
- Provide appropriate level of assistance to access the toilet facilities.
- Encourage the service user to use safety handrails where appropriate.
- Ensure toilet paper is available and within easy reach of the service user.
- Use wet-wipes if appropriate. Ensure that used wipes are placed in a bin and not flushed down the toilet.
- Ensure that the door is closed and service user's privacy is protected.
- Remain close at hand to prevent other service users from entering and to support the service user.
- Ensure the service user is clean and their hands have been washed, using protective clothing where appropriate.

8.2 When changing continence wear or when supporting female service users with menstrual care, the dignity and privacy of the service user must always be maintained and proper hygiene procedures adhered to. Menstruation records are recorded on Form C4-89. Where possible, ladies should be supported with menstrual care by female staff. See policy on *Management of Continence* for further guidance regarding continence management.

8.3 Commodes may be used in circumstances where it is deemed to be in the best interest of the service user and when the service user is happy to use the commode. The service user's privacy and dignity must always be maintained when an individual is using a commode. After use ensure that the commode is cleaned in accordance with good infection prevention and control guidelines.

8.4 Relevant recording charts should be completed

9.0 STAFF HYGIENE

9.1 The member of staff should ensure that they:

- Wash their own hands before and after providing care to a service user.
- Make sure the toilet is left clean and tidy.
- Attend to any laundry, see *Laundry Procedure*.

Procedure No: PC-05	Revision No: 4	Page 5 of 6
Issue Date: February, 2020	Authorised By: Vincent O'Flynn, Chief Executive	

- Safely dispose of protective clothing.
- Adhere to standards set out in the *Services Infection Prevention and Control Policy/Procedure*.

9.2 Personal protective equipment, clinsan and dry wipes are available to support with personal hygiene procedures and should be used in line with individual intimate care plans.

10.0 REPORTING AND RECORDING CONCERNS

10.1 If a staff member is unsure about the management of any aspect of intimate care he/she should discuss the situation with his/her manager or the senior person on duty.

10.2 Whenever possible, staff should inform another staff member of the intention to carry out an intimate care procedure.

10.3 If a service user touches a member of staff in a way that makes him/her feel uncomfortable, this should be gently but firmly discouraged in a way which communicates that the touch, rather than the person is unacceptable. This should be documented in the *Service User Daily Report Record*.

10.4 Staff should be aware of and be responsive to the individual's reactions and report and record any unusual emotional or behavioural responses.

10.5 Intimate care may involve touching intimate parts of an individual's body and may leave staff vulnerable to accusations of abuse. If during intimate care, there is evidence of any incident which causes undue discomfort or embarrassment to either party, it should be reported immediately to the senior person on duty and recorded.

Procedure No: PC-05	Revision No: 4	Page 6 of 6
Issue Date: February, 2020	Authorised By: Vincent O'Flynn, Chief Executive	