



# ***Personal and Intimate Care Policy***

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## **KARE POLICY DOCUMENT**

**Policy Owner:** Adult and Children's Supports Manager

<i>Rev. No.</i>	<i>Approved by Heads of Units / OMT</i>	<i>Approved by KARE Board</i>	<i>Launched Heads of Units</i>	<i>Operational Period</i>
Rev. 1	March 2005	May 2005	March 2005	Mar 2005 - Aug 2014
Rev. 2	May 2014	June 2014	September 2014	Sept 2014 – Aug 2017
Rev 3	August 2017	September 2017	September 2017	Sept 2017 – April 2020
Rev 3.1	Amendments to make accommodations for COVID-19 Crisis – as approved by SPG April 8 <sup>th</sup> 2020			
Rev 3.2	May 2020	July 2020	August 2020	Aug 2020 -

## **Section 1: Policy**

### **1.1 Background to this Policy**

KARE's initial Policy on Personal and Intimate care was approved by the KARE's Board in May 2005. Since this time the policy has been revised to bring it up to date with best practice.

The policy is aligned with

- HIQA's Guidance for Designated Centres – Intimate Care.
- HSE Personal and Intimate Care Guiding Principles 2019
- Health Act 2007 – Care and Support of Residents in Designated centres for Persons with Disabilities

Other KARE policies relevant to this policy are:

- Individualised Planning
- Safeguarding of Vulnerable persons at risk of abuse
- Child Protection and Welfare
- Matters relating to Sexuality
- Infection Control Policy
- Moving and Handling Policy
- Managing Complaints Policy
- Risk Management Policy
- Body Mark recording Guidelines

### **1.2 Aim of this Policy**

The aim of this policy is to give direction to staff with regard to supporting individuals in their Personal/Intimate care needs in a way which promotes the dignity and privacy of the person while also protecting the integrity of the staff involved.

### **1.3 Scope of this Policy**

This policy applies to all staff involved in supporting individuals who use the service with regard to their Personal /Intimate care needs.

Personal /Intimate care can be defined as all aspects of support to an individual, whether by direct or indirect contact, which are associated with bodily functions, body products and personal hygiene involving intimate parts of the body. Given the invasive nature of intimate care it is essential that the rights of all involved are protected.

**Personal care** is a broad term used to refer to supporting Individuals with personal **hygiene** and toileting, along with dressing and maintaining your **personal** appearance. It can cover, but is not limited to: Bathing and showering, including bed-baths, supporting Individuals' with toileting, including using a commode or urinal bottles

**Intimate care** can be **defined** as any **care** which involves washing, touching or carrying out a procedure to **intimate** personal areas which most people usually carry out themselves, but which some individuals are unable to do because of their young age, physical difficulties or other needs

Direct contact involves physical contact between the service user and the staff member. It may involve the touching of both intimate and non-intimate body parts.

Indirect contact involves the supervision, observation and prompting of the service user to complete personal and Hair care

- Help with Eating.
- Medical care involving intimate body parts e.g. pressure sore/wound Care Management.
- Subcutaneous injection /Intramuscular Injections.
- Menstrual care
- Nail care
- Oral care
- PEG Feeding
- Shaving
- Skin care e.g. moisturisers or applying external medication e.g. medicated creams
- Application Eye or Ear drops
- Suctioning
- Support with using the Toilet / use of urinal bottles/commodes

## 1.4 Non – Scope

Health promotion examinations i.e. breast checks, prostate checks, such examinations should be carried out by the individual's Family Doctor or other medical professional. All procedures included in the National Screen Programme.

Internal Sanitary Protection (tampons) – these should only be used when an individual is fully independent at attending to their own menstrual care.

## 1.5 Policy Statements

1.5.1 The Line Manager will ensure a Personal/Intimate Care Plan is developed for individuals who require any level of support with regard to their personal / intimate care

as identified through their KARE Assessment of Need. Where an Assessment of Need has not been completed – Personal and Intimate Care supports will be identified by the Individual, their family and team supporting the Individual.

- 1.5.2 Individuals and/or their Family/Carers will be involved in the development of the Personal/Intimate Care Plan as appropriate. Parents/carers of children will be fully involved in the development of the plan and give written consent to their child's Personal/Intimate Care Plan prior to implementation. (see Appendix 2). This consent form is part of the Preschool Enrolment Pack. Parents/Carers of adults are not required to give consent to their family member's Personal/Intimate Care plan, however KARE recognises that it is good practise to involve them in the development of the plan as they can provide invaluable advice and guidance.
- 1.5.3. Individuals should be made aware of who and how to make a complaint regarding their Personal / Intimate Care if they so wish
- 1.5.4 Personal/ Intimate Care plans should be developed using a person-centred approach.
- 1.5.5. When developing a Personal/Intimate Care Plan staff will ensure that:
  - the individual and /or their representative is involved in the development of the plan
  - the plan reflects the views and wishes of the individual in as far as possible
  - details of how the plan is made accessible to the individual is documented
  - parents'/carers' views and experiences are taken into account to ensure the process can be made as comfortable and appropriate for the individual as possible
  - the plan maximises the dignity and privacy of the individual and a professional approach from staff is maintained when meeting their needs
  - the plan supports the individual to be as independent as possible.
- 1.5.6. The Personal/Intimate Care Plan will:
  - be developed specifically for different settings as relevant
  - identify the support need required to carry out each task while recognising the level of support an individual requires –
  - determine how much care can be carried out independently and how much support can be given to improve self-care skills
  - specify approaches relevant to the individual e.g. how to manage behaviour that challenges or sexual arousal
  - list the resources required carrying out each task – e.g. PPE, equipment etc
  - include information related to carry out of the personal/intimate care tasks e.g. moving and handling, managing skin integrity

1.5.7 In the case of an individual with complex medical issues such as diabetes or fungal infection, care of their toe nails should be carried out by an appropriate specialist such as a Chiropodist or GP. In such situations, this will be made clear in the person's Individual Support Plan.

1.5.8 When carrying out Personal/Intimate Care staff must ensure that:

- they understand an individual's particular needs and preferences as outlined in the Personal/Intimate Care Plan prior to supporting an individual with personal/intimate care tasks.
- individuals are addressed in an age appropriate way
- explanations are provided to the Individual of what is happening or will happen in a straightforward and reassuring way so that individuals are aware of the focus of the activity and know what is happening or what will happen.
- any equipment they need to use e.g. hoist, is in proper working order
- the area in which they are proposing to carry out personal/intimate care is suitable, comfortable and safe
- they communicate to the individual (using appropriate communication technique) what they are about to do and how they are about to do it in an appropriate friendly manner before undertaking personal/intimate care.
- the right of the individual to refuse to participate at any time during the Personal/Intimate care plan is recognised. If this occurs, staff should explore the possible reasons and engage other supports as necessary to resolve the issue.
- they adopt a caring and professional approach at all times
- they respect the confidentiality of the information concerning the individual

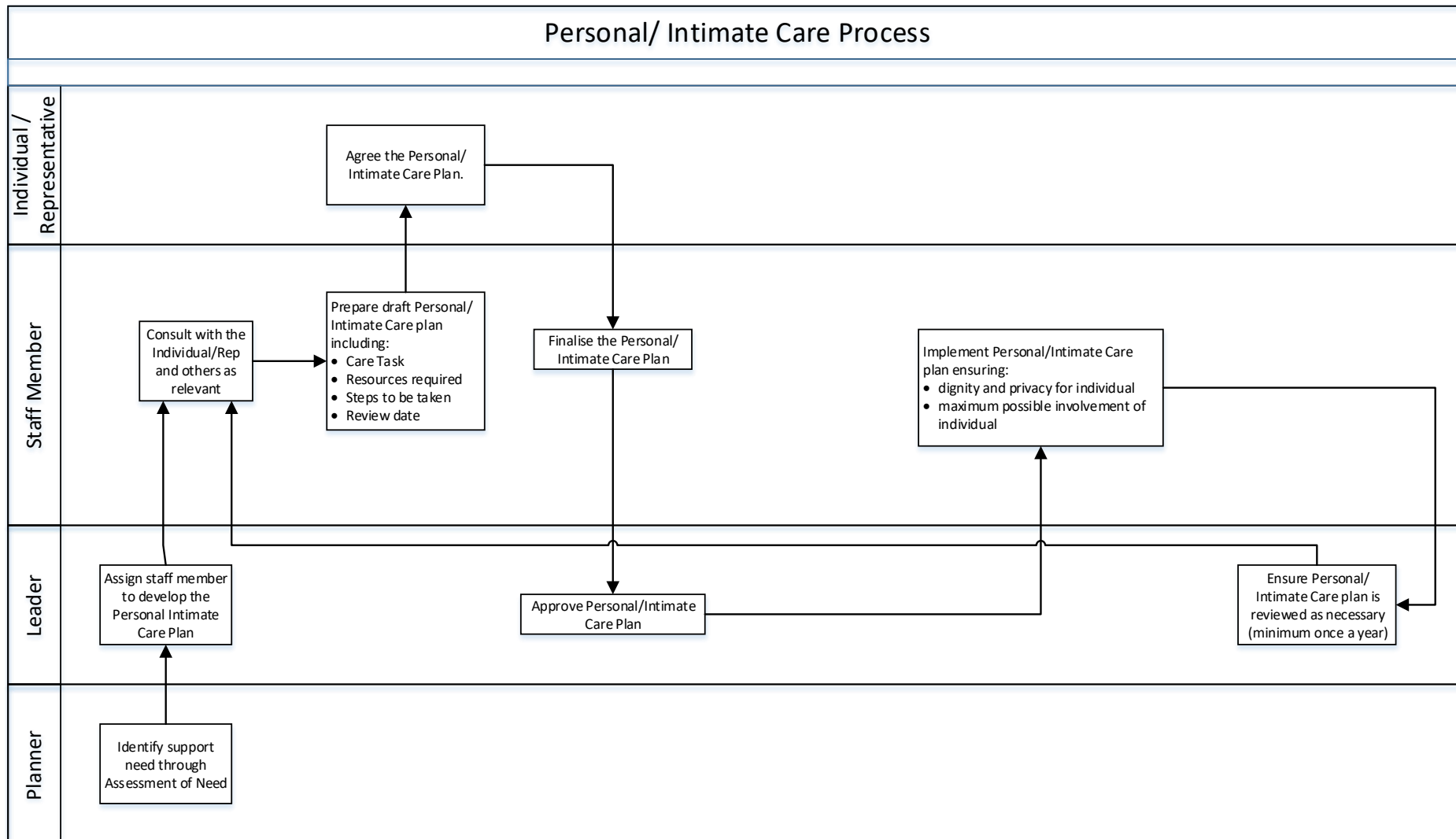
1.5.9 KARE recognises that an individual may become sexually aroused while being supported with Personal/Intimate care, this is a normal and natural physiological response. As a general guideline physical contact should not be undertaken while someone is sexually aroused. Where relevant the individual's Personal/Intimate Care plan should include the steps to be taken should they become sexually aroused. Where there are ongoing concerns with regard to an individual's ability to express their sexuality appropriately the Line Manager should make a referral to the Clinical Support Team.

1.5.10 If a staff member notices any injury or bruising during a personal/intimate care procedure they should follow the Body Marks Recording Guidelines.

1.5.11 The Line Manager will ensure that an individual's Personal/Intimate Care Plan is reviewed every year or more frequently if required.

- 1.5.12 Staff members should ensure they have read and understand this policy prior to supporting people who use the service with their personal/intimate care. They should also ensure they have read an individual's Personal/Intimate Care Plan prior to supporting them and that they have adequate training in any specific procedures that need to be carried out.
- 1.5.13 Where lack of resources contravenes the delivery of Personal/Intimate care plans the staff member should inform their line manager immediately.
- 1.5.14 In a situation where an issue of concern arises while supporting an individual with Personal/Intimate care the staff member should report their concerns immediately to their Line Manager/On Call

**Section 2: Process**



**Appendix 1**

PERSONAL / INTIMATE CARE PLAN

NAME: \_\_\_\_\_

PIN NO.: \_\_\_\_\_

Care task required: \_\_\_\_\_

My name is \_\_\_\_\_. This plan has been drawn up by the people who support me to help me with \_\_\_\_\_. It is important that all staff that support me are aware of this plan and agree to the procedure outlined in the plan. I agree to this plan being shared among people who will be supporting me.

The people who helped me draw up this plan: \_\_\_\_\_

Date plan was developed: \_\_\_\_\_

Date for review: \_\_\_\_\_

How is my plan made accessible to me:

My preferred method of communication:

Important notes of things I can do myself or things I find difficult:



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Resources required for specified task (PPE, equipment, support plans such as People Moving and Handling Plan)

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<b>Care Task</b>	
<b>Steps involved supporting the person (include steps regarding infection Control procedures, and people Moving and Handling where relevant)</b>	

<b>Date plan reviewed</b>	<b>People involved/consulted in review</b>	<b>Outcome of Review</b> (continue as is/continue with adaptation/plan no longer required)	<b>Date next review due</b>

## **Appendix 2**

### **CONSENT FORM RE: Personal and Intimate care**

RE: Child's Name \_\_\_\_\_

I understand that the Early Years Support Team will support my child to safely engage in personal and intimate care activities while attending the preschool, these include Eating and Drinking, Toileting, Hand Washing, Brushing Teeth, and percutaneous endoscopic gastrostomy Feeding were relevant. I understand that I will be included in the development and review of these plans and where there is a change to any plan, I will be asked to sign a new consent form.

I consent to the Early Years Team implementing the measures outlined in the Intimate care plan/s to support my child while attending the preschool.

Parents / Guardians Name (Capitals):

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_