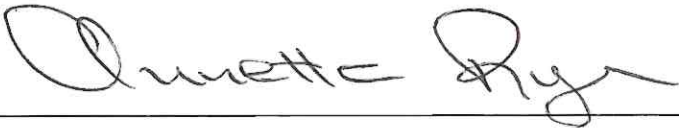




Aurora

Enriching lives, Enriching Communities

Policy on Supporting People's Intimate/Personal Care

Policy Number	Policy Developed by	Date Developed
4 – Schedule 5	Margaret Butler & Edel O'Hara	8/09/2017
Version	Amendments	
6	Full Review	
Reviewed by		Review completed
Liz O'Neill, Irene Davitt		13/08/2025
CEO signature		Next Review Date
		13/08/2028

Mission Statement

Enable people with complex needs to experience the same rights as every other citizen and as equal members of the community.

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1 Policy Statement

- 1.1. Aurora acknowledges that intimate care is a basic fundamental human need which is carried out in private by individuals.
- 1.2. Aurora attaches the highest importance to ensuring a culture that values the privacy and dignity of all the people we support in the service.
- 1.3. Intimate care is an important area of a person's self-image and respect. A relationship of trust is fundamental to ensure that all people supported receive the same high standards of care.
- 1.4. This policy will give direction to employees who support people living in Aurora in their intimate care based on a person-centered approach and in line with the Trust in Care guidelines.

2 Purpose of the Policy

- 2.1. This policy sets out the approach and standards promoted when providing intimate care to the people supported in Aurora to uphold the person's right to dignity and privacy at all times.
- 2.2. All individuals will be supported to manage their own personal/ intimate care if possible. However, where this is not possible or the individual chooses not to, the support team will arrange to provide support in line with a person centred approach.
- 2.3. The purpose of this policy is to set out a framework within which staff, who provide this support can offer a service and an approach which acknowledges the inherent responsibilities and risk, but which protects the rights of everyone involved.
- 2.4. This policy is to safeguard the people supported in Aurora and the employee providing support during intimate care

3 Scope

- 3.1. This policy applies to all Aurora employees providing intimate care support for the people who use Aurora services.

4 Definitions

- 4.1. **Intimate Care** is "care tasks associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the sexual parts of

the body" (Cambridge and Carnaby, 2000). 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
- Menstrual care
- Inserting suppositories/pessaries
- Administering enemas.
- Applying creams/ointments to intimate parts of the body
- Catheter or stoma care

4.2. Some areas of intimate care may include the administration of medical/nursing procedures, such as:

- Physical examination for medical purposes.
- Administering enemas and suppositories.
- Health Screening
- Applying/renewing dressings to intimate parts of the body.
- Administering per rectum treatments.
- Administration of injections/ intravenous/subcutaneous fluids.

4.3. **Personal Care** involves assisting and supporting individuals with their personal presentation. 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 (outer clothing)
- Washing non intimate body parts
- Dental care
- Applying deodorant.
- Nail Care
- Treatments which enhance, maintain or improve a person's physical appearance.
- Shaving, staff may need to assist person supported (male) to shave facial hair using an electric razor as part of the intimate care plan.
- If there is a consideration to shave any other bodily hair, this must be documented in the Intimate Care plan with details of how this decision was

made. Was it the person supported preferences or was it a clinical decision, and clearly outline how person supported gave their consent.

5 Policy Context

5.1. This policy is informed by and should be read in conjunction with the following policies:

- Personal Plan Policy
- Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures
- Medication management policy
- Infection control policy
- Positive behavior support policy.
- HSE consent policy
- Assisted Decision Making Capacity Act
- Communication policy

6 Guiding principles for providing intimate care

6.1. It is essential that every person supported is treated as an individual when intimate care is being provided and that appropriate time is taken for intimate care.

6.2. It should enhance the quality of life of the individual receiving care and should be provided as gently and sensitively as possible, while respecting their privacy and dignity at all times.

6.3. The person supported receiving intimate care should be encouraged to express choice and to have a positive image of his/her body.

6.4. There are some basic principles to be borne in mind when providing intimate care:

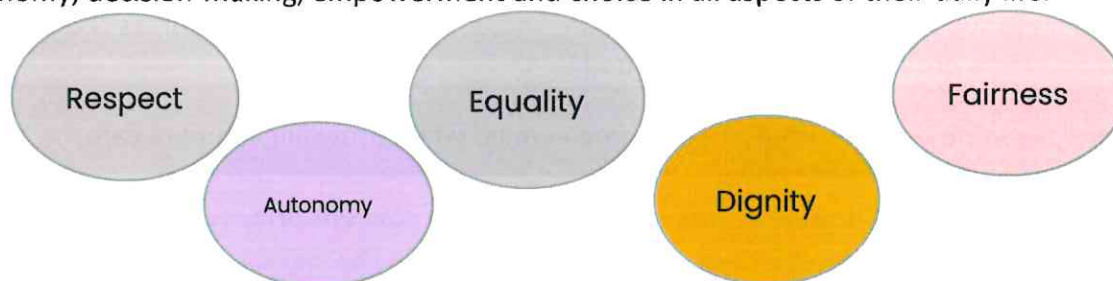
- Individuals should be asked for & give their consent prior to the provision of intimate care.
- Individuals have a right to feel safe and secure.
- All individuals have the right to personal privacy.
- All individuals receiving intimate care should be respected and valued as individuals. Person Supported must be listened to and their views taken into account. She/he should be treated courteously at all times and know who is looking after them.
- Individuals have a right to be treated with dignity and respect and a professional approach from staff when meeting their needs.

- Individuals have the right to information and support to enable them to make appropriate choices.
- All individuals have the right to be involved and consulted in their own intimate care to the best of their abilities.
- Individuals have the right to be accepted for who they are, without regard to age, gender, ability, race, culture or beliefs.
- All individuals have the right to express their views on their own intimate care and to have such views taken into account.
- Individuals have the right to know how to complain and have their complaint dealt with.
- An individual's Intimate Care plan should be designed to lead to independence
- All individuals have the right to be involved and consulted in their own intimate care to the best of their abilities. The details of the will and preference in relation to a person's personal care is documented within a person's intimate care support plan. The details of this plan are developed with the person supported, support staff, family etc. and where possible lead to independence.
- Independence - Intimate care should also offer opportunities for the person's personal development and extend their personal skills and communication.
- (HIQA 2014 Intimate care)

FREDA Model of Human Rights

Human rights are the basic rights and freedoms that all people should enjoy. Human rights are about people being treated with fairness, respect, equality and dignity; having a say over their lives and participating as fully as possible in decisions about their care and support.

Aurora promotes a human rights based approach, with a focus on supporting each individual's autonomy, decision-making, empowerment and choice in all aspects of their daily life.



7 Safeguarding and Prevention of Abuse

- 7.1. One of the principal functions of this policy is to safeguard the person supported against the risk of abuse during personal and intimate care. All support staff should be familiar with the safeguarding policy. The person supported intimate care plan review and updated regularly.

with the safeguarding policy. The person supported intimate care plan review and updated regularly.

- 7.2. The term 'abuse' can be subject to wide interpretation. For the purpose of this policy, abuse is considered to be any form of behavior that violates the privacy & dignity of the people we support.
- 7.3. Abuse may consist of a single act or repeated acts and may be physical, sexual or psychological/emotional. It may constitute neglect and poor professional practice. It may take the form of isolated incidents of poor or unsatisfactory professional practice, at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other.
- 7.4. Repeated instances of poor care may be an indication of more serious problems within the organization for which the individual employee cannot be held accountable (safeguarding vulnerable people at risk of abuse policy).
- 7.5. It is a requirement that all employees offer intimate and personal care in a manner that is consistent with the guidelines in this policy. It is also an essential requirement that all employees have completed Aurora Safeguarding training and read signed that they understand the 'Safeguarding Vulnerable Persons at Risk of Abuse' National Policy and Procedures and provide support in a manner that is consistent with the guidance contained in this policy.

8 Roles and Responsibilities

8.1. Responsibilities of the Director of Service:

- To ensure that employees are introduced and orientated to intimate care principles and practices as laid out in this policy.
- To ensure this Policy is monitored regularly and reviewed every 3 years.
- To promote a human rights-based approach to ensure that, at all times, the dignity and privacy of the people we support will be paramount in addressing intimate care needs.
- To ensure and oversee that the process of supporting and enabling each supported person in meeting their intimate care needs is documented as part of a care plan and regularly reviewed and evaluated.
- To ensure that the Health and Safety regulations are adhered to by all employees providing intimate care.
- To ensure that procedures for management and the reporting of protection and welfare concerns of all people we support are in place and that employees are aware of these guidelines (Safeguarding vulnerable people at risk of abuse policy).

8.2. Responsibilities of the Person in Charge/Wellness Culture and Integration Manager

- To introduce and orientate employees to intimate care principles and practices as laid out in this policy.
- To ensure that employees, at all times, uphold the human rights-based approach with the people we support when addressing intimate care needs.
- To ensure that all key team members support and enable each supported person in meeting their intimate care needs as per their Personal Plan and Intimate Care Support Plan, which is regularly reviewed and evaluated.
- To ensure that the Health and safety regulations are adhered to by all employees providing intimate care.
- To ensure that procedures for management and the reporting of protection and welfare concerns of all people we support are in place and that employees are aware of these guidelines (safeguarding vulnerable people at risk of abuse policy).
- Training

8.3. Responsibilities of Employees:

- To be familiar with and adhere to this policy and all other relevant policy.
- To be aware of and carry out intimate physical care according to the supported person's wishes and/or as documented in their Intimate care support plan.
- To uphold a human rights-based approach when addressing intimate care needs.
- To enable each supported person in meeting their intimate care needs as per their Intimate Care Support Plans, which are regularly reviewed and evaluated.
- To ensure a completed reviewed and updated Intimate Care Support Plan is in place for each supported person and updated annually or sooner to reflected any changing needs
- To report any major issues or concerns as soon as possible to their Line Manager who can advise on an appropriate response. This may include if the supported person:
 - Is accidentally hurt by an employee.
 - Seems unusually sore, tender or bruised.
 - Appears to misunderstand or misinterpret what is said or done.
 - Has a very emotional reaction without a known cause.

8.4. Agency and Newly Recruited Employees

It is acknowledged that Aurora ensures newly recruited employees and agency staff require supports during a period of induction. Employees will receive an induction into Aurora's Intimate Care Policy, Intimate Care Support Plans and where possible, provided with shadow shifts when providing intimate and personal care to people supported. This is recorded on a new staff member

induction form.

9 Points to Remember When Providing Intimate Care to Supported Persons

9.1. Hand-washing

Hands should be washed:

- Before starting work.
- Before personal care/intimate care activities with each supported person.
- Before handling any medical devices (e.g., urinary catheters) and before wound care.
- After handling contaminated items such as dressings, used incontinence wear, etc.
- After removing protective clothing e.g., gloves.
- After using the toilet, blowing nose, covering a sneeze, or assisting a supported person with these activities.
- After personal care/intimate care activities with each supported person.
- After finishing work.
- Whenever hands become visibly soiled.

9.2. Do's and Don'ts

Do:

- Restrict jewelry to one flat/wedding ring.
- Keep nails short, clean and free of nail varnish and artificial nails.
- Care for your hands by moisturizing regularly to protect your skin.
- Use warm water and pat hands dry rather than rubbing them to minimize chapping.
- Cover any cuts or abrasions with a plaster/band aid and change as necessary.

Don't:

- Use nailbrushes as germs multiply on wet nailbrushes.
- Carry out direct care if you have skin conditions on your hands, i.e., weeping dermatitis (seek medical/occupational health advice for this).

10 Procedure

10.1. The areas outlined in this section will be considered as areas of special importance during the process of providing intimate care and a positive approach will assist in respecting the

rights of person supported and promoting good practice in intimate and personal care.

11 Communication

- 11.1. The level of assistance required with intimate care will be identified by the person supported or is identified within their Intimate Care Support Plan.
- 11.2. The level of assistance required with intimate medical/nursing procedure will be re-assessed as required.
- 11.3. All employees should be familiar with the person's Intimate Care Support Plan regarding communication needs and the communication methods used by each supported person. (Easy Read documents as required)
- 11.4. The supported person should be familiar with the employee providing the intimate care in so far as is reasonably possible.
- 11.5. The employee will always knock on the door and announce yourself and ask permission to enter any area where a person supported is having intimate time or care.
- 11.6. Prior to assisting the person, explain what is happening in a straightforward and reassuring way. Initially, approach the supported person from the front, make eye contact and address him/her by their preferred name.
- 11.7. The supported person's explicit or implied consent to having assistance provided for his or her intimate care needs should be sought on each occasion of providing intimate care.
- 11.8. When working with people who are not using verbal language and have sensory impairments (hearing/ vision), employees or staff should use clearly understood methods of communication (e.g., Lámh, PECS, sensory cues and signaling intention) with regard to each supported person's communication needs.
- 11.9. It is important to address the supported person by name throughout so that he/she is the focus of the support given.
- 11.10. With intimate care, the touch should be affirmative and supportive, not rough and insensitive, and at a level appropriate to the task.
- 11.11. At all times provide facilities which afford privacy and modesty whilst ensuring that there is adequate lighting, heating and ventilation for the comfort of the supported person.
- 11.12. Ensure that all necessary supplies are at hand so that the supported person is not left exposed and unattended while items are located.
- 11.13. Use discreet observation for any abnormalities. If the aforementioned is observed, report and record this in the person supported daily notes.
- 11.14. Check in advance, where possible, that suitable facilities exist for intimate care

procedures when out in the community, on holidays, etc.

12 Independence

- 12.1. Employees should encourage the person supported to be involved as far as possible in carrying out their own intimate care.
- 12.2. Employees should enable person supported to access a chiropodist of their choice in the community or have one visit them in their home for foot care
- 12.3. Employees should support the person supported to access community-based treatments which enhance, maintain or improve a person's physical appearance.
- 12.4. If required following assessment, a skills teaching program should be devised, implemented and evaluated by key teams.
- 12.5. Where a supported person is fully dependent on support, the employee should explain their actions and give the person supported choices where possible.

13 Safety

- 13.1. Employees should avoid manual handling as much as possible to avoid injury. Risk Assessment forms are available for use and should be completed for each supported person. At all times, hoists and other equipment provided must be used to avoid injury.
- 13.2. Employees should use protective gloves and follow the hand hygiene guidelines for both the supported person and themselves where appropriate.
- 13.3. Employees must ensure that the environment in which they are providing the intimate care is safe and suitable for the purpose.
- 13.4. It is important that the employee providing intimate care informs other employees of their whereabouts and the nature of the intimate care being provided.
- 13.5. It may be appropriate for two employees to be present with intimate/toileting needs. The supported person's Intimate Care Support Plan will have details around required support.
- 13.6. Employees must inform their line manager if any unusual observations or incidents occur during assisting a person with intimate care, e.g., tenderness/soreness of intimate body parts or unexplained bruising and complete internal notification per Aurora policy via ViClarity.
- 13.7. If the supported person expresses a feeling of unease or vulnerability during intimate care, this must be brought to the attention of the employee's line manager.

- 13.8. Every effort will be made to adhere to best practice as agreed in this policy; nonetheless, in the event of an injury of a supported person, the accident will be immediately reported to the relevant line manager and incident form to be completed via Nims.
- 13.9. Utilize protective clothing where necessary and adhere to infection control guidelines when disposing of soiled material or sharps.

14 Physical contact

- 14.1. While physical contact may be required to comfort, reassure or assist the people we support, factors in determining its appropriateness must include how comfortable the supported person is with a touch of this nature. It is important that staff remain extra vigilant to a person's body cues to express their comfort or discomfort with physical contact. All of this information must be included in the person's Intimate Care Support Plan.
- 14.2. When assisting the people we support with washing and showering always use their own flannel /other and, where possible, encourage the person to attempt to wash their own genitals.
- 14.3. Massage can have many therapeutic benefits for people with intellectual disabilities in developing body and sensory awareness. Massage should be confined to parts of the body such as hands, feet and face in order to safeguard the privacy and dignity of the supported person. A care plan directing how a massage will be given to the supported person service must be devised.

15 Privacy and Dignity

- 15.1. The environment in which intimate care is provided should be conducive to upholding the rights, dignity and wishes of each supported person.
- 15.2. The area should be private, warm and free from intrusion of other supported persons or employees.
- 15.3. Doors to areas where intimate care is being carried out should be closed but not locked. If another person wishes to enter the area while care is being carried out, they must knock on the door before entry. All interruptions must be kept to an absolute minimum.
- 15.4. All individual requirements such as toiletries should be readily available and accessible to hand in carrying out the intimate care needs of the supported person.

- 15.5. Each of the people we support will have a dressing gown and slippers to be worn when moving from bedrooms to bathrooms and in all communal areas.
- 15.6. Intimate care issues should remain confidential and not be discussed openly to ensure the supported person's dignity is not compromised.
- 15.7. If toileting accidents occur, the supported person should be immediately given clean clothes and assisted to shower/bath to avoid any undue upset to him/her.
- 15.8. All medical and nursing procedures and exams are carried out in private in order to uphold the dignity of the individual.
- 15.9. When supporting and enabling a person we support with intimate care needs, any part of the body not being attended to should be covered. Employees should be vigilant in not over exposing the person.

16 Culturally Appropriate Support

- 16.1. Staff members will seek to establish the culturally specific needs and preferences of people from minority ethnic communities with respect to their personal intimate care.

17 Imagine Enhancement

- 17.1. At all times employees must encourage, reassure and promote a positive body image when assisting the people, we support with intimate care needs.
- 17.2. At all times employees should encourage supported persons to have a positive image of his or her body. There are no punitive consequences or derogatory comments made to an individual who may have intimate care needs, i.e., incontinence, weight gain, menstrual hygiene etc.
- 17.3. Each supported person has a right to information and support to enable them to make appropriate choices re personal grooming.
- 17.4. Gentlemen should be supported to attend their preferred Barbers for a haircut/shave, purchase aftershave if they wish.
- 17.5. Ladies should be supported to visit the Hairdressers/Beautician of their choice to have their Hair/Makeup done, nails painted, waxing, purchase some skin care creams, perfume etc.

18 Intimate Care when in Community settings

Intimate Care Support Plan

Supported Name	
people involved in developing the plan with the person supported	
Completed	

Intimate Care Plan reviewed annually or sooner if circumstances change.

by the Person's choice, abilities and needs in each area in relation to Intimate Care i.e., preferences for bath/shower or both.
Describe Communication (method of communication, seeking consent, interaction responses etc)
Identify Staff Support
Equipment/Assistive Devices required
Social & Environmental needs

Bathing Preferences – Please Tick					
Bath	☐	Shower	☐	Shower bed	☐
Bath shower preferred products used					
Level of ability of self-care					
Medical Needs (stoma care, Peg, specific creams prescribed etc)					
Describe the support and sequence of steps required for this person's intimate care in the below areas:					
Showering/bathing (skin integrity)					
Toileting					

Changing continence wear			
Nail Care			
Toothbrushing			
Menstrual Care			
Shaving (Male/Female)			
Breast Care <i>(please tick)</i>	☐	Testicular Care <i>(please tick)</i>	☐

Health Screening early warning signs

If any of the following Health Screen early warning signs are identified during intimate care please document and inform your PIC or person on shift lead immediately.

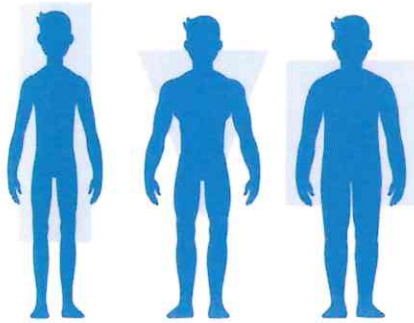
Breast Care		Bowel Health	
- Any lumps or thickening in your breast. - Skin – dimpling, puckering, or redness. - Nipple – pulled in or flattened. - Around the nipple – rash, flaky or crusted skin. - A change in the shape or size of your breast. - Swelling in your armpit or around your collarbone. - Constant pain in one part of your breast or armpit.	- A change in your bowel habits, including diarrhoea or constipation or a change in the consistency of your stool, that lasts longer than four weeks. - Persistent abdominal discomfort, such as cramps, gas or pain - A feeling that your bowel doesn't empty completely - Weakness or fatigue - Unexplained weight loss		
Cervical Health		Testicular Care	
- Blood spots or light bleeding between or following periods - Menstrual bleeding that is longer and heavier than usual - Bleeding after washing, or a pelvic examination - Increased vaginal discharge - Bleeding after menopause	Observe the testicle, penis, scrotum and surrounding area for: - Signs of enlargement or swelling - Any lumps, bumps, masses or irregularities - Any skin changes - Bruising - Warts or rashes - Unusual discharge - Blood in urine - Pain or discomfort passing urine - Unexplained pelvic pain		
Diabetic Screening			
- Urinating often. - Feeling very thirsty. - Feeling very hungry - even though you are eating. - Extreme fatigue. - Blurry vision. - Cuts/bruises that are slow to heal. - Weight loss - even though you are eating more (type 1) - Tingling, pain, or numbness in the hands/feet (type 2)			
Completed By:			
Date Completed:		Review Date:	
Signature:			

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Easy Read

Intimate Care





Intimate care is care that affects the body and includes activities such as washing, touching or performing procedures on personal areas that you may require assistance with



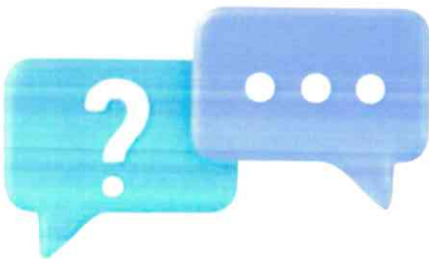
Personal care is support with oral hygiene or grooming.



Your staff team might need to support you with intimate care



Intimate care may involve contact with sexual parts of the body



Your wishes and preferences will be respected at all times



Your staff team will always ask for your consent and permission before commencing intimate care



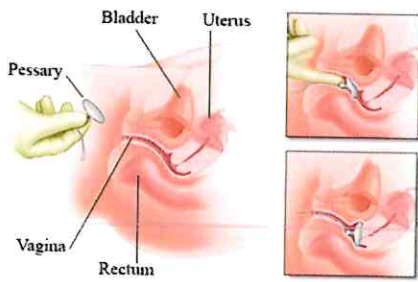
Dressing and undressing is an example of intimate care



Supporting you to use the toilet is an example of intimate care



Changing incontinence or sanitary wear is an example of intimate care.

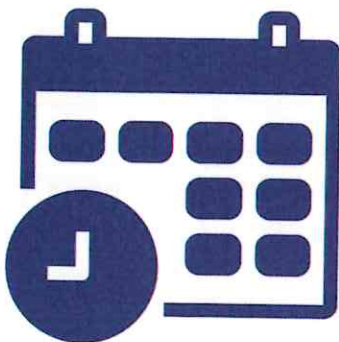


Administering or inserting a pessary or enemas are examples of intimate care

Intimate Care Support Plan

Person supported:	
House:	
Identify people involved in developing the support plan with the person supported:	
Date completed:	
Intimate care plans should be reviewed annually or sooner if circumstances change	
Identify the person's choice, abilities and needs in relation to intimate care (i.e., preferences for bath/shower or bed):	
Identify staff support:	
Level of study to be used:	
Physical abilities:	
Describe communication methods of communication (verbal, written, sign language, etc.):	
Dietary preferences: food/drink preferences/needs:	
Medical needs (allergies, etc.): specific needs/needs (e.g.):	
Equipment / Access Devices required:	

Every person living in Aurora has an intimate care plan



Your intimate care plan will be reviewed/updated every year or more often if necessary



Your intimate care plan will be reviewed/updated by someone who knows you



Your intimate care plan will help your staff team supporting you to understand your wishes and preferences around intimate care



Your staff team will follow your intimate care plan when supporting you with intimate care



Your staff team will explain at all stages what they are doing when supporting you with intimate care



Your staff team will always use protective/safety equipment such as gloves/hoists



Your staff team will be respectful at all times during intimate care to ensure your privacy and dignity are respected at all times



Your staff team will ensure that you are reassured and not embarrassed during intimate care



You might choose to access the community for personal care treatments. These types of treatments enhance, maintain or improve a person's physical appearance and might include facials, eyebrow waxing, facial hair removal etc.



If you are not happy with the support you receive during intimate care you can report this to the Person in Charge

Agreement	Date
This Easy Read has been shared with me on	

Shared with me and supported by <i>(staff Name)</i>	Date

Person supported Name and Signature <i>(signature optional)</i>	Date

Evaluation
This easy read document has been shared with the person supported.

Please give a detailed description of how this document was communicated to the person supported

Please give a detailed description of how the document was received
by the person supported

--

Key Team Worker	Date

PIC on behalf of Aurora	Date

