



*Kerry  
Parents &  
Friends  
Association*

## **Intimate Physical Care Policy**

|                              |                                                       |
|------------------------------|-------------------------------------------------------|
| <b>Written by:</b>           | <b>Assistant Director of Services</b>                 |
| <b>Reviewed by:</b>          | <b>Assistant Director of Services</b>                 |
| <b>Approved by:</b>          | <b>Neil Ashworth, Chief Executive</b>                 |
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**Date Printed:**

# KERRY PARENTS AND FRIENDS ASSOCIATION

## INTIMATE AND PERSONAL SUPPORT

### 1. INTRODUCTION

Kerry Parents and Friends Association actively promotes dignity, privacy and respect of all the people we support within our organisation. We are committed to providing a professional quality service. We strive to ensure that each person reaches his/her full potential through our commitment to the following values:

*Happiness / Fulfilment, Integrity, Choice, Partnership, Compassion, Quality (Standards), Respect (Dignity).*

### 2. AIM

This document intends to identify for staff the procedures to be followed when delivering a person centered approach to intimate and physical care in line with current best practice.

### 3. SCOPE

The Kerry Parents and Friends Association policy endeavors to protect the people we support and staff in the implementation of a safe, practical, operational policy.

This policy covers: **Day Settings, Residential Settings, Outreach and Respite Settings.**

### 4. DEFINITION OF INTIMATE PHYSICAL CARE

Any caring procedures that involves contact with intimate parts of the body i.e. genitalia, breasts or buttocks. It can be defined as hands on care which invades accepted personal space and involves attending to the people we support when they are partially or fully undressed. Direct physical touch between staff and the people we support is required.

**Some examples are:**

- Changing incontinence wear.
- Changing sanitary towels.
- Bathing / Showering or washing intimate parts of the body.
- Dressing and undressing.
- Treating pressure sores.
- Medical treatment i.e. application of creams.
- Medical procedures i.e. super pubic catheter or peg feeds or administration of stesolid or enemas.

**Some examples of physical care:**

- Brushing teeth / oral care.
- Shaving face, legs and underarms.
- Eye care.
- Ear care.
- Dressing and undressing.
- Hair care.
- Hand and face washing.
- Nail cutting, foot spas.

Indirect contact includes the supervision, prompting and observation of the people we support to complete physical care. It may also include the use of equipment such as hoists, slings and transfer boards.

## **5. INDUCTION PROGRAMMES**

All induction programmes for new staff will include on-the-job training on principles and practice in relation to intimate physical care. This training is essential not only to increase knowledge, enhance skills and promote good practice, but also to provide a forum for staff to re-assess their own attitudes and values in this sensitive area.

## 6. LOCAL INDUCTION

Centre Managers/Deputy / Social Care Leaders will ensure that all staff including relief staff are trained and supported in the area of intimate care and made aware of the standards expected of them.

Centre Managers/Deputy / Social Care Leaders will establish good working practices regarding physical transfer (manual handling), wearing of protective clothing (e.g. gloves) and ensure safe practice in relation to procedures is carried out.

Where possible, events requiring intimate care assistance will be identified in advance. Should an emergency arise where assistance is required (e.g. out of unit activities) and where surroundings are less than ideal, the principles of privacy and dignity will be respected.

## 7. INTIMATE CARE PLAN

The Centre/Deputy Manager / Social Care Leaders will ensure that an *Intimate Care Plan* is completed with each person we support who requires such assistance at the PCP meeting. They will further ensure that the plan is readily accessible within the Care Plan Folder and that all staff are familiar with its contents. Each plan will be reviewed on an annual basis or as change necessitates.

**The *Intimate Care Plan* will indicate:**

- The intimate care procedure / interventions for each person we support.
- Parents or Guardians have been made aware of these procedures at the PCP planning meeting.
- The next review date.

## 8. PRACTICE IN INTIMATE CARE

### Centre/Deputy Managers / Social Care Leaders will ensure that staff:

- Encourage the people we support to have a positive image of his / her own body.
- Get to know the people we support and gain an appreciation of his/her moods, likes/dislikes and verbal and non-verbal communication.
- Have a knowledge and understanding of any religious or cultural sensitivity related to aspects of intimate care for the individual.
- Address the people we support by name so that she/he is aware of being the focus of the activity.
- Use actions, comments and remarks that are normal in the circumstances.
- Before giving assistance explain what is happening in a reassuring way. In this way the person we support is prepared for and can anticipate your assistance. Initially approach the person we support from the front, make eye contact, and use their name.
- In intimate care, the touch will be affirmative and supportive, not rough or insensitive.
- Where the person we support has very limited communication, give a visual clue such as pointing to a sponge or pad, use a picture board or other communication aid to signal intention to wash or change.
- Provide facilities which afford privacy and modesty e.g. adequate screening, bathroom door signs indicating bathroom in use if door is required to be unlocked. Have towels, clothing and toiletries to hand before commencing.
- Use discreet observation to see if a pad needs changing.
- Sanitary towels / pads should be made available to the ladies we support who can independently care for their own needs.
- Allow each individual adequate time for intimate care procedures.

- Provide sufficient space, heating and ventilation to ensure the persons we support are safe and comfortable.
- Access protective clothing, such as gloves and disposable aprons, and ensure that the PPE (Personal Protective Equipment) are used where necessary, in accordance with Health and Safety and Infection Control Guidelines.
- Take special precautions when disposing of soiled material. See Infection Control Guidelines.
- Check in advance where possible, that suitable facilities exist for intimate care procedures when on outings, holidays etc.
- Never carry out an intimate care procedure unless the staff member knows how to carry it out correctly. If in doubt staff will seek help or advice before commencing.

## 9. CONSENT AND SUPPORTED DECISION-MAKING

Where a person we support may have difficulty understanding, retaining, or communicating a decision about intimate physical care assessment or treatment, staff must presume capacity and take all practicable steps to support the person to make the decision themselves. This includes providing information in accessible formats, allowing sufficient time, using familiar communication supports, and drawing on knowledge from those who know the person best to help interpret their will and preferences.

Consent must be understood as a process, not a one-off event. The person's consent or refusal may be expressed verbally, behaviourally, or through consistent patterns of response over time. These expressions must be recognised, respected, and documented in line with the organisation's Consent Guidance and the person's My Choices & Decisions booklet.

Any rationale for capacity must relate only to the decision at hand and not be based on the person's diagnosis or on disagreement with their choice. If, despite appropriate supports, it is unclear whether the person can make this specific decision, staff should contact their line manager for support and direction.

Staff must always act in accordance with the person's known will and preferences, including any Advance Healthcare Directive or documented decision-making supports, and use the least restrictive option available. Relevant decision supporters, multidisciplinary team members, and – where appropriate – family members may be consulted to support understanding of what the person would likely choose for themselves.

Any intervention must be proportionate, clinically justified, and clearly documented, including:

- the supports provided to assist decision-making,
- how the person's will and preferences were identified,
- the rationale for the decision taken,
- and plans for review.

Legal advice should only be sought where required under the ADM Act or where there is significant uncertainty, dispute, or risk that cannot be resolved through supported decision-making processes.

## 10. STAFF

It is the responsibility of all staff to ensure that they have read and understand the contents of this document and signed off that they agree to abide by it.

### **Each staff member will:**

- Ensure that Intimate Care Plans are in place for each person we support that requires one.
- Carry out intimate care procedures in accordance with each individual Intimate Care Plan, in a dignified and respectful manner allowing the people we support as much privacy as possible.
- Respect each person's independence and involve the people we support in the planning and delivery of their own care.
- Understand that staff of either gender may be required as part of their duties to attend to the intimate care needs of people we support both male and female.

Kerry Parents and Friends Association accept that much intimate care support is provided by one staff member on their own with an individual person we support. While working alone can place staff in a vulnerable position particularly in relation to allegations of abuse, this must be balanced by the need for privacy for the individuals concerned.

As a reasonable precaution and in keeping with best practice, a staff member will, where possible, make their intention and purpose known to another staff, before commencing a procedure involving intimate physical care.

## 11. REPORTING

If during the intimate care of a person we support you ...

- Accidentally hurt the person we support;
- The person we support seems unusually sore, tender or bruised in the genital area;
- The person we support appears to misunderstand or misinterpret what is said or done;
- The person we support has a very emotional reaction.

Report any such incident as soon as possible to your Centre Manager/Deputy / Social Care Leader who will indicate an appropriate response e.g. record details on the appropriate form and arrange for a check up if necessary. Any of these might later become a cause for concern if not reported.

In the event of any suspicion of abuse, refer to the Procedures for Dealing with Allegations of Abuse guidelines.

## 12. MEDICAL PROCEDURES

Medical or nursing procedures requiring contact with the people we support will only be carried out by those qualified to do so.

The administration of Stesolid and procedures or practices involving the use of enemas, suppositories, pessaries, per rectal treatments, are included as medical procedures.

## 13. TOUCH/MASSAGE

Where the people we support attends an external masseur / masseuse, the massage must be carried out only with the people we support's informed consent. Only experienced and suitable qualified practitioners may attend to the people we support. Families must be informed in advance of massage commencing. Evidence of qualification and insurance must be obtained and renewed yearly.

Massage must be discontinued at the first indication of the person we support's wishes to do so.



## **14. MENSTRUATION**

Menstruation is a normal physical function but the people we support may sometimes require extra reassurance and guidance. The people we support may need instruction, verbal prompts, or assistance to cope with the practical aspects of menstruation. Such assistance should be provided by female staff, where possible.

Internal sanitary protection must not be used except in situations where the ladies we support can independently attend to their own menstrual needs.

## **15. SEXUAL ASPECTS OF INTIMATE CARE**

As part of normal development, interest in one's own body and other people's bodies may be evident. The people we support develop the same feelings and needs as others, though expressing them may be difficult.

Masturbation is a normal sexual behaviour. If the people we support engage in masturbation in a public area, staff should direct him/her to a private area.

If the people we support show signs of becoming sexually aroused during the carrying out of intimate care procedures, staff should discuss this matter with the Centre Manager/ Deputy/ Social Care Leader. As a general guideline, physical contact will not be undertaken while someone is sexually aroused.

## **16. RECRUITMENT AND SELECTION**

Kerry Parents and Friends Association is committed to taking every precaution to protect people from any form of abuse or harm.

The Centre Manager/Deputy / Social Care Leaders will ensure that all staff, relief staff, students and others have read and understood this Policy. Students / others will not routinely be involved in intimate care procedures unless expressly instructed by a Centre Manager / Social Care Leaders.

## APPENDIX 1

### 2.6 MY INTIMATE CARE

[Intimate Care.docx](#)