

<b>Policy No: 03-3205</b>	<b>Authorised: Roxane Schatara</b>	<b>Date:15/05/2018</b>
<b>INTIMATE CARE POLICY</b>		

*This Policy defines the good practice guidelines in supporting care staff to establish and maintain boundaries whilst enabling them to deliver appropriate care and treatment as defined in the service user Care Plans. It is designed to protect against inappropriate or unscrupulous practice whilst safeguarding the integrity of staff.*

## 1. POLICY PRINCIPLES:

- 1.1 This policy relates to the delivery of care to service users who require a level of personal care and / or clinical support of an intimate nature. The service user with a learning disability or other acute mental illness are considered to be especially vulnerable to potential abuse.
- 1.2 Personal care is seen as a focal point of a service user's self-esteem. The intimate nature of many types of personal and clinical care intervention, if not practised in a dignified, sensitive and respectful manner, can lead to misinterpretation which can result in allegations of abuse.
- 1.3 It is policy within the Organisation that care of an intimate nature will be delivered to the service user in such a manner as to assure the following qualities to promote self-esteem and independence:
  - 1.3.1 Sensitivity to the service user's individual needs and preferences. This will include an awareness of the service user's ethnic, religious and cultural needs with respect to customs, dignity and privacy.
  - 1.3.2 Maintaining and respecting the dignity of the individual.
  - 1.3.3 Maintaining and respecting the privacy of the individual, and protection against intrusion and abuse. It is important to appreciate that a service user with a learning disability or other acute mental illness can lack inhibitions and may not necessarily recognise their need for privacy.
  - 1.3.4 Maximising the individual's comfort and safety.
  - 1.3.5 Respecting the individual's right to give or withdraw their consent to any aspect of care and / or treatment.
  - 1.3.6 Encouraging and promoting empowerment; i.e. encouraging the individual to do as much for themselves as they are able.

## 2. DELIVERING INTIMATE CARE:

- 2.1 *Intimate care* is defined as any care task associated with bodily functions, body products and personal hygiene, which requires direct or indirect contact with, or exposure of, the masculine or feminine parts of the body. Refer to clause 2.7 of this policy for key examples of what can constitute intimate care.
- 2.2 Appropriate staff training programmes for care staff involved in intimate care must include an awareness and appreciation of the underpinning principles set out in this policy. *Care staff who have not undergone this appropriate training will NOT be permitted to undertake, or assist in the delivery of, intimate care.* Examples of what constitutes intimate care are listed in clause 2.7 of this policy.
- 2.3 Prior to providing intimate care, care staff should obtain consent from the individual. Where the individual lacks the capacity to give or refuse consent to intimate care, then the *Best Interests* principles must be applied. Refer to *Policy No 3721*.

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- 2.4 All staff delivering intimate care must ensure that they minimise the risks of acquiring a health-associated infection through proper hand hygiene and the use of personal protective equipment. *Policy Nos 4001 and 4207 refer.*
- 2.5 Wherever possible, a care staff member of the same gender as the service user should deliver intimate care. On occasions where the intimate care cannot be provided by a staff member of the same gender, the following issues **MUST** be considered:
- The service user's wishes;
  - The consequences of the service user not receiving the care;
  - Whether the need for intimate care can be deferred until a carer of the same gender is available;
  - The appropriate levels of risk to the service user and carer.
- 2.6 When intimate care is being offered to a service user by a member of the opposite gender, this should be done in the presence of another person of the same gender as the service user. If the service user refuses a chaperone care staff have the right to refuse to deliver the intimate care. In such cases details must be recorded and referred to senior management for appropriate action.
- 2.7 *Intimate care* is "hands-on" physical care in personal hygiene, and / or the physical presence or observation during such procedures. Intimate care can include the following, according to staff training and qualifications:
- Helping the service user to dress and undress;
  - Helping the service user to use the toilet; wiping and care in the genital and anal areas;
  - Body bathing, other to face, arms and legs below the knee;
  - Continence care; changing continence aids, providing catheter care;
  - Helping the service user to bathe or shower;
  - Washing intimate parts of the body