



# ELHAP Intimate Care Policy and Procedure

## 1) Introduction

The Intimate Care policy and procedure have been developed to safeguard all users of ELHAP, volunteers and staff. They apply to everyone involved in the intimate care of users at ELHAP (this includes children, young people and adults using ELHAP). For the purposes of this policy and procedure the term “service user” will be used for any child, young person or adult who is under the direct care and supervision at ELHAP.

Disabled children and adults can be especially vulnerable. Staff and volunteers involved with their intimate care need to be sensitive to their individual needs.

The Intimate Care policy and procedure should be read in conjunction with ELHAP’s Safeguarding Children and Safeguarding Vulnerable Adults policies.

## 2) Definition

Intimate care is defined as “any care task of an intimate nature associated with bodily functions, bodily fluids and personal hygiene, which demand direct or indirect contact with, or exposure of the sexual or intimate parts of the body.”

Intimate care can include:

- Bathing/Showering
- Changing for swimming and water play
- Dressing/undressing
- Toileting
- Menstrual Care
- Treatments such as enemas, suppositories, enteral feeds
- Emergency medication (i.e rectal diazepam)
- Catheter and stoma care
- Supervision of a user involved in intimate self-care

## 3) Principles of Intimate Care

The following are the fundamental principles upon which this policy and procedure are based:

- Every service user has the right to be safe and to be protected from harm, abuse and neglect.
- Every service user has the right to personal privacy.
- Every service user has the right to be valued as an individual.
- Every service user has the right to be treated with dignity and respect.
- Every service user has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every service user has the right to express their views on their own intimate care and to have such views taken into account.
- Every service user has the right to have levels of intimate care that are consistent and of the highest possible quality.

#### 4) ELHAP's responsibilities

- a) Vetting: All staff and volunteers who work directly or indirectly with service users are vetted by ELHAP. ELHAP follows the NSPCC Safer Recruitment vetting procedure and includes:
- Enhanced DBS checks
  - Occupational health checks
  - At least two independent and satisfactory references
  - Successful completion of interview (employees) / try out session (volunteers)
  - Probation period
- b) Staffing: Only staff who have completed at least one year of regular work at ELHAP can undertake intimate care of service users. Volunteers and apprentices must not undertake intimate care of any service user. All intimate care must be undertaken with **2 staff** present at all times. **Intimate care with only 1 staff member is not allowed at any time** – two staff are required to protect both the service user and the staff. Any failure of this rule may result in disciplinary action and safeguarding reports to the local authority.
- c) Individual intimate care plans: All service users who require intimate care must have a completed intimate care plan that details the service users care needs. This will be agreed by the service user (if appropriate), parents/carers and ELHAP as part the individual ELHAP intimate care plans.
- d) Recording of Intimate care: All intimate care provided must be recorded in the intimate care form within the toilets and in the daily reports. This include date, time, staff present and intimate care provided.
- e) Encourage staff vaccinations: Staff involved in providing intimate care should ensure that they have received active Hepatitis B and tetanus vaccinations.

#### 5) Staff responsibilities

All service users have the right to be safe and to be treated with dignity and respect. These guidelines are designed to safeguard service users and staff. They apply to every member of staff involved with the intimate care of service users.

It is important to remember that disabled children and adults are especially vulnerable to abuse and neglect. Therefore disabled children and adults are especially at risk when receiving Intimate care (some adults may use intimate care, as an opportunity to abuse people). Staff involved with their intimate care need to be sensitive to service user's individual needs and be constantly vigilant with regard to safeguarding all service users.

a) Involve the service user in their intimate care

Try to encourage a service user's independence as far as possible in his / her intimate care. Where the service user is fully dependent, talk with them about what is going to be done and give them choice where possible. Check your practice by asking the service user / parent's any likes / dislikes while carrying out intimate care.

b) Treat every service user with dignity and respect and ensure privacy appropriate to the service user's needs, age and situation.

Intimate care at ELHAP requires two staff members to be present at all times. This can pose additional difficulties with ensuring service user's are treated with dignity and respect and offered appropriate privacy. However it is always possible to offer dignity and respect as well as appropriate privacy whilst safeguarding the service user and staff with two staff being present.

c) Effective communication

It is the responsibility of all staff supporting service users to ensure that they are aware of the service user's method and level of communication. A key to delivering appropriate intimate care is having good communication with service users, especially service users who are non-verbal communicators. For some users, using a toilet can be anxiety provoking and confusing. It is essential that staff can communicate clearly to service users prior to intimate care but also throughout the care.

d) Professional reporting

All intimate care must be clearly recorded on the intimate care record and in the service user's daily report. This must be completed in legible hand writing and using respectful and dignified language.

e) Bathing / Showering

Bathing is a higher risk activity because of the dangers of drowning and scalding (there have been a number of cases of people dying from baths in social and health care). Staff must always check the temperature of any bath or shower prior to a service user entering. For young people aged 18 and under the bath / shower temperature must be 37 C or less. For adults, the bath / shower temperature must be 43 C or less.

**Service users must never be left alone in a bath or shower and two staff must be present at all times.**

f) Universal Hygiene Precautions

Staff must adhere to the following universal hygiene precautions:

- I. All staff must always wear disposable protective gloves and aprons (regardless of whether you are likely or not to come into contact with bodily fluids).
- II. Staff must always thoroughly wash hands before and after any intimate care.
- III. Staff must not wear jewellery on hands, wrists or arms.
- IV. Staff must always cover any skin breakages with plasters prior to providing intimate care.
- V. The toilet and bathing areas must be thoroughly cleaned and disinfected after every use, including toilet seat, sinks, taps and door handles.
- VI. Ensure all clinical waste from the toilets is carefully placed in a clinical waster bin (yellow bin bags) and emptied at end of each day or when full.

g) Supporting service users of the opposite sex

There is a positive value in both male and female staff being involved in the delivery of intimate care.

**Wherever possible, staff must strive to ensure that all intimate care is gender appropriate, especially for teenagers and adult service users.** Where this is not practically possible and only in exceptional circumstances, female staff can provide intimate care to male service users.

h) Make sure practice in intimate care is consistent

Disabled children and adults can have multiple carers so a consistent approach to care is essential. Effective communication between parents / carers / agencies ensures practice is consistent. Staff must ensure that they have read the service user's intimate care plan before providing any intimate care.

i) Be aware of own limitations

Only carry out care activities you understand and feel competent and confident to carry out. If in doubt ASK. Some procedures must only be carried out by staff who have been formally trained and assessed e.g. enteral feeding, rectal diazepam.

j) Promote positive self-esteem and body image

Confident, self-assured disabled children, young people and adults who feel their body belongs to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey lots of messages to a person about their body worth. Your attitude to a service user's intimate care is important. Keeping in mind the service user's age, routine care can be relaxed, enjoyable and fun.

k) If you have any concerns, you must report them

If you observe any unusual markings, dis-colourations or swelling including around the genital area, report immediately to a senior member of staff.

If during the intimate care of a service user you accidentally hurt them, or the service user appears to be sexually aroused by your actions, or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to a senior member of staff.

l) Report and record any unusual emotional or behavioural response by the service user

Any concern, however potentially significant or not, must always be reported. Staff must report any concerns to a senior member of staff. Please remember that abuse of disabled children and adults may not always be clear and that the first signs may be unusual emotional or behavioural responses.

6) Concerns

If a staff member has any concerns about a colleague's intimate care practice they must immediately report this to senior staff. Concerns can include:

- i. Staff not recording intimate care appropriately
- ii. Staff attempting to provide intimate care without a second staff member present
- iii. Staff or volunteers in the toilet areas when not required and/or without a second staff member present
- iv. Staff not following the agreed individual Intimate care plans
- v. Staff not showing appropriate levels of respect, dignity or privacy towards service users
- vi. Staff not being sensitive to the needs of service users

- vii. Staff offering intimate care when the service user does not need or require this
- viii. Staff being abusive or causing harm when providing Intimate care

#### **7) Breaches of this policy**

**Failure to adhere to this policy and procedure will be treated as potential gross misconduct and could result in disciplinary action as well as reporting as a safeguarding concern.** Any service user, staff or volunteer who has any concerns about this policy and its implementation must discuss their concerns with senior staff immediately.