

Intimate Care

Intimate care is defined as any procedure involving touching, or carrying out what could be described as an invasive procedure. Apart from helping someone to eat and drink, the following list contains the major areas of intimate care:

- Dressing or undressing.
- Assisting a disabled child to use toilet facilities.
- Cleaning up after a child has soiled.
- Washing, bathing or showering.
- Invasive procedures e.g. colostomy bags or administering medication via the rectum.

Guidelines for Intimate Care:

- Do not be rushed into taking on intimate care tasks.
- Treat every child with dignity and respect.
- Ensure that the degree of privacy is appropriate.
- Involve the child as far as possible in his / her own intimate care.
- Make sure intimate care is as consistent as possible.
- If you are concerned about anything during intimate care, report it.

For all types of intimate care the main points to consider are:

- Only staff who have been vetted and trained are to be assigned.
- The child should be involved in selecting the carer where possible.
- In cases where a substitute carer needs to be brought in, only properly vetted and trained staff should be used.
- The carer should be the same sex as the child to ensure the dignity of child is respected.
- Particularly for toileting, one person of the same sex will attend the child unless two persons are needed and then reasons must be clearly documented.
- Staff will be monitored and proper records kept.

Best Practice:

- Prior permission should be gained after discussion with both parent and child and agreement reached on how the specific tasks will be conducted.
- An intimate care plan needs to be drawn up explaining in detail how specific tasks will be conducted.
- Roles and expectations are clearly understood by all concerned (parents, child and carer).
- The child's reaction to a situation needs to be accepted as the guide to the child's wishes.
- Only appropriate terminology is acceptable to be used to name private parts.
- Where there are speech, language, hearing or cognitive difficulties, an agreed method of communication is arrived at beforehand and time taken to familiarise the child with the method.
- Built into the intimate care plan should be the aim of working towards independence for the child, as far as is possible.
- The child's attempts to help with tasks should be encouraged and they should be allowed to do any task that they are capable of doing.
- If drugs are to be administered by any method, a medical plan must be drawn up and directed by a doctor.
- Strict attention must be paid to doctors' directions and proper records kept.

The points above are not exhaustive . However, if adhered to and the paramountcy of the child principle is observed, then the intimate care needs of the child should be met appropriately.