Personal and Intimate Care Policy Paces Sheffield Adult Services Provision

Date Written: October 2020
Authorised by: Ruth Liu
Reviewed: April 2026

Next Review: April 2028

Contents

1. Introduction

This policy sits alongside Paces Charity Services and Adult Provision Health & Safety Policy.

The policy is designed to fulfil Section 2 of the Health and Safety at Work etc. Act 1974 in which every employer has the duty to provide a safe place of work, a safe environment, and safe systems of work, so far as is reasonably practicable. This duty includes the need to minimise risk arising from personal and intimate care tasks.

This policy also sits alongside Paces Adult Safeguarding Policy and Procedures.

The policy will be kept up-to-date, particularly as the setting changes in nature and size and will be revised annually, or as and when required. We therefore welcome any useful comments from members of staff, parents, carers, participants, volunteers, students, and visitors regarding this policy.

Since all of the participants in Paces Adult Services have physical impairment or disability the likelihood of a proportion of these individuals requiring assistance with some or all of their personal or intimate care is high.

This policy aims to ensure that when a participant is identified as needing such assistance that this is carried out in a safe and dignified manner for both staff and participants.

In addition to this the Conductive Education ethos that is the foundation of all of Paces services promote active participation and learning for all participants during intimate and personal care wherever possible. This policy is designed to facilitate this in a safe and appropriate way.

2. Definitions

2.1. Intimate Care Definition

'Intimate Care' can be defined as care tasks of an intimate nature, associated with bodily functions, bodily products, and personal hygiene, which demand direct or indirect contact with, or exposure of, the sexual parts of the body.

2.1.1. The 'usual' Intimate care tasks identified as relevant to Paces Adult Services include:

- Dressing and undressing (underwear)
- Helping someone use the toilet
- Changing continence pads (feces/urine)
- Washing intimate parts of the body
- Changing sanitary wear

2.1.2. Intimate care tasks that are relevant to Paces Adult Services but will require additional training and care plans include:

- Administering rectal medication on an emergency basis for example where a participant's life is in danger. Please refer to the 'Medicines Management Policy' for further information.
- Changing colostomy or ileostomy bags
- Managing catheters, stomas, or other appliances.

2.1.3. Other intimate care tasks that are less relevant to the general duties at Paces Adult Services may include:

- Bathing / showering
- Inserting suppositories
- Giving enemas

2.2. Personal Care Definition

Personal Care generally carries more positive perceptions than intimate care. Although it may often involve touching another person, the nature of this touching is more socially acceptable, as it is less intimate and usually has the function of helping with personal presentation and hence is regarded as social functioning.

These tasks do not invade conventional personal, private, or social space to the same extent as intimate care and are certainly more valued as they can lead to positive social outcomes for people.

Personal Care encompasses those areas of physical and medical care that most people carry out for themselves but which some are unable to do because of disability or medical need.

2.2.1. Personal care tasks identified as relevant to Paces Adult Services might include:

- Skin care/applying external medication
- Feeding
- Administering oral medication
- Hair care
- Dressing and undressing (clothing)
- Washing non-intimate body parts
- Prompting to go to the toilet
- Changing of incontinence pads and cleaning intimate body parts as a part of this when necessary
- Changing of convenes
- Showering/ bed bath

3. Principles of Intimate and Personal Care

The following are the fundamental principles of intimate and personal care upon which these policy guidelines are based:

- Everyone has the right to be safe
- Everyone has the right to personal privacy
- Everyone has the right to be valued as an individual
- Everyone has the right to be treated with dignity and respect

4. Policy Standards

All participants who require support with their intimate and/or personal care will be treated respectfully at all times; the individual's welfare and dignity is of paramount importance.

Staff who provide personal and intimate care will be trained to do so (including Adult Safeguarding and Health and Safety training in moving and handling) and will be fully aware of best practice. If a staff member is having difficulty fulfilling this main duty, support will be available to access appropriate training.

Staff will be supported to adapt their practice in relation to the needs of each individual and considering individual changes such as the onset of menopause.

There will be careful communication with each participant who needs support in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the individual's needs and preferences. The participants will be aware of each procedure that is carried out and the reasons for it.

As a basic principle, participants will be supported to achieve the highest level of autonomy that is possible given their age/stage and abilities. Staff will encourage each participant to do as much for themselves as they can. This may mean, for example, giving the participant responsibility for washing themselves.

Each participant's right to privacy will be respected. Careful consideration will be given to each person's situation to determine how many staff members might need to be present when they need help with care. Wherever possible one participant will be cared for by one member of staff unless there is a sound reason for having two staff members of staff present. If this is the case, the reasons will be clearly documented.

Wherever possible, the same participant will not be cared for by the same staff member on a regular basis. However, there will be a minimal rota of carers known to the participant who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of different staff members.

The needs and wishes of the individual and parents/carers will be carefully considered alongside any possible constraints e.g., staffing, and equal opportunities legislation. Where an individual or a family make a request regarding personal care i.e. only female carers to support in the bathroom, every effort will be made to support this wherever possible.

5. Responsibilities

5.1. Paces:

Paces will do the following to support all staff and participants

- Ensure all staff undertaking care routines have suitable enhanced disclosure and barring checks.
- Train all staff in the appropriate methods for care routines and access specialist training where required e.g., specialist medical support, catheterisation etc…
- Conduct thorough inductions for all new staff to ensure they are fully aware of all procedures relating to all care routines.
- Wherever possible consistent and familiar staff will carry out care routines. This will be achieved by consistent timetabling of staff.
- Work closely with parents/carers/participants on all aspects of the participant's care. This is particularly important for intimate care routines which require specialist training or support.

5.2. Staff:

Staff must do the following to support all participants:

- Provide information for, and participate in, enhanced disclosure and barring checks.
- Participate in personal and intimate care training as required by the organisation.
- Take responsibility for their own good practice in intimate and personal care. Be self-aware with such care and ask for help, guidance and support as needed.
- Comply with procedural requirements such as completion of monitoring sheets, cleaning schedules etc…
- Communicate clearly, openly and with respect with families, carers and participants themselves with regards to intimate and personal care.

5.3. Families/Carers/Participants:

Families/Carers/Participants must do the following to support individual participants:

- Provide accurate and up to date information with regards to personal and intimate care needs.
- Communicate openly with Paces staff with regards to personal and intimate care.

6. The Protection of Vulnerable Adults

Paces Adult Safeguarding Policy and Procedures will be accessible to staff and adhered to (please refer to this document as needed).

All staff providing intimate and personal care within their role will have regular Adult Safeguarding training.

All staff involved in the provision of care will have all relevant checks completed before allowing them to be left alone with a participant (i.e. enhanced DBS) and will be subject to robust internal procedures such as reference checking and monitoring and regular updating of enhanced DBS checks.

Where appropriate, all participants will be taught personal safety skills carefully matched to their level of ability and understanding.

If a member of staff has any concerns about physical changes in a participant's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate manager / designated person for adult safeguarding. Safeguarding procedures will then be followed, and guidance provided to the member of staff.

If a participant is distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into, and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution.

If a participant makes an allegation against a member of staff, all necessary procedures will be followed.

7. Identifying and Supporting Individual Care Needs

7.1. Identifying Individual Care Needs:

Specific support with intimate and/or personal care will be identified within an Individual Risk Assessment. This will identify if an Individual Care Plan and/or Individual Moving and Handling Plan is required (See Manual Handling Policy).

If a participant is identified as needing specific support a meeting will be arranged with the parent/carer/participant to discover all the relevant information relating to this to enable staff to care for the participant fully and meet his/her individual needs.

Achieving continence should be considered as a potential learning goal for any of Paces adult participants. If considered appropriate this must be done in collaboration with the participant themselves, parents/carers and other agencies.

Key staff members may be identified to undertake a participant's intimate care needs if deemed appropriate. Timetabling, staff changes and staff absences must be considered. Whenever possible the participant's choice of staff member(s) will also be considered.

Follow up on specific care procedures with participants/carers/parents will take place with regular meetings, discussions and reviews as appropriate.

If a participant only requires 'usual' intimate or personal care (as identified in the lists in section 2.2.1. or 2.2.1) then the procedures below should be used (see section 14).

If the participant has a different care requirement (e.g. catheterisation) then an individual care plan will be required which will identify specific training, procedures to be followed etc… If a participant has an individual intimate care plan, then this should be monitored and reviewed regularly. This should be kept on the participant's confidential file

7.2. Working with families/carers/participants:

Establishing effective working relationships with parents/carers and participants is particularly necessary for Paces adult participants since they are all living with special care needs or disabilities.

Parents/carers and the participant themselves should be encouraged and empowered to work with Paces Adult Services team to ensure care needs are properly identified, understood and met. Although families should be made welcome and given every opportunity to explain their/their loved one's particular needs, they should not be made to feel responsible for their care within the setting.

Parents/carers and the participant themselves should be closely involved in care planning. Paces adult services' staff have a duty to remove barriers to learning and participation for all Paces adult participants.

Plans for the provision of specific care support must be clearly recorded to ensure clarity of expectations, roles and responsibilities.

Records should also reflect arrangements for ongoing and emergency communication between home and setting, monitoring and review.

It is also important that the procedure for dealing with concerns arising from care processes is clearly stated and understood by parents/carers/participants and all those involved.

7.3. Working with other agencies

Paces participants will be known to a range of other agencies due to their additional needs and disabilities. It is important that positive links are made with all those involved in their care or welfare. This will enable Paces' care plans to take account of the knowledge, skills and expertise of other professionals and will ensure the participant's well-being and development remains the focus of concern.

Arrangements for ongoing liaison and support to Paces staff where necessary should also be formally agreed and recorded.

8. Staff Competence and Training

Paces will ensure the following with regards to staff competence and training:

- All new staff will receive a thorough induction to ensure they are fully aware of all procedures relating to care routines.
- The training will take place as individuals or as a full services team annually or earlier if required.
    - The training should be led by a Service Manager/Service Lead (who must be trained as a Nominated Safeguarding Person).
    - It must involve full breakdown of this policy followed by discussions to identify and problem-solve any issues or concerns around care.
    - Procedures and best practice should be identified and shared.
- Any time a participant is assisted with intimate care this must be recorded using the log my care system.
- Specialist external training will be arranged for appropriate members of staff when when/if required e.g. for catheterisation.
- Additional training around positive handling, Safeguarding and Health and Safety issues around intimate care can be considered if needed.
- All staff will have an up-to-date understanding of safeguarding vulnerable adults and how to protect vulnerable adults from harm. This will include identifying signs and symptoms of abuse and how to raise these concerns in the most appropriate and speedy manner. (Refer to Paces Adult Safeguarding policy)
- Paces operates a whistleblowing policy as a means for staff to raise concerns relating to their peers. The management will support this by ensuring staff feel confident in raising worries as they arise in order to safeguard the vulnerable adults in the building.

9. Staff to Participant Ratios

In order to maintain our participants' privacy, if possible intimate care procedures will take place on a one-to-one basis and wherever possible will usually be supported by a staff member who is well known to the participant.

However, the participants at Paces are likely to require additional support with some personal and intimate care due to their disabilities. It is therefore likely that one or more persons may be involved in such care. This is identified within individual risk assessments which are undertaken upon enrolment within the setting, on an annual basis or if circumstances change.

A second person would be required in the following cases (although this list is not exhaustive):

- if the participant is unable to weight-bear independently with or without support
- if the participant is not predictable and/or not co-operative
- if the participant has any identified behavioural difficulties
- if the participant has any other difficulties which could affect their intimate care e.g. epilepsy, lack of understanding, safeguarding concerns etc…
- if the participant requires use of a hoist to transfer

10. Cultural and Personal Preferences

Paces recognises that individuals (both staff and participants) may have cultural and/or personal preferences when it comes to intimate care. This may, for example, mean that the gender of the person providing intimate care will have to be taken into consideration.

In such circumstances Paces will consider each case on an individual basis. The best interests of the service-use will always be paramount in such planning. The wishes of the participant and their family/carers will be considered. However, there will always be the need to balance this with organisational constraints such as staffing, competence etc…

If necessary, support can be sought from senior management in supporting/arranging intimate care preferences.

If necessary, refer to Paces Equality and Diversity Policy for more information.

11. Infection Prevention Control

Infection prevention and control is concerned with the prevention of avoidable risks of infection and the control and management of all unavoidable risks of infection to those administering and receiving intimate and personal care.

We will manage infection risks related to the setting, equipment, staff working practices and clinical practices arising from the intimate and personal care of our adult participants.

Staff should refer to the Infection Prevention and Control Policy and Procedures.

Please refer to Infection Control Policy and Procedures (and specific Covid-19 Policy and Procedures) for specific guidance. Below is a summary:

- PPE to be worn as accordance with the advice from Sheffield Pubic health – this may include gloves, apron, sessional use fluid resistant surgical face mask and face visor.
- At the time of reviewing this policy facemasks are not required to be worn.
- Gloves and aprons are to be changed between participants
- Wash hands before and after assisting each participant even when gloves are used.
- Soiled pads should be wrapped disposed of in the large, lidded, foot-pedal pad-disposal bin.
- Sanitize changing bed after each use.
- Wash service users' hands after using the bathroom.
- Agreed regular emptying of bins.
- Hot water and liquid soap available wash hands before and after assisting participant. Paper towels available for drying hands.

12. Space for privacy

A minimum of one, purpose-built changing area will be available for all Paces adult participants.

This space will be based on a Changing Places specification. However, it may not fulfil all of these specifications due to limitations in space, budget and other factors. (http://www.changingplaces.org/install_a_toilet/design/changing_places_standards.aspx). However, as a minimum it will include a ceiling-track or portable hoist, adjustable height changing bed, centrally positioned toilet and shower head/washing facilities.

Toileting equipment such as commodes, toilet seats, toileting slings etc will be available for any individual who requires them.

Use of a changing mat or changing at floor level is not considered appropriate for ANY adult intimate care.

It may be possible to change some participants whilst they are standing.

Ensuring that privacy and dignity are maintained during the time taken to change a participant or when they are sitting on a toilet, toilet chair or commode is crucial. If necessary, a small screen or curtain can be used to support this basic human right. The time spent providing care for a participant should be a positive experience for them.

13. Guidelines for Staff for Good Practice

All Paces participants have the right to be safe and to be treated with dignity and respect. These guidelines are designed to safeguard vulnerable adults and staff. They apply to every member of staff involved with the care of Paces adult participants.

Paces adult participants can be especially vulnerable due to their disabilities and additional needs. Staff involved with their care need to be particularly sensitive to their individual needs. Staff also need to be aware that in exceptional circumstances some adults may use intimate care as an opportunity to abuse vulnerable adults. It is also important to bear in mind that some forms of assistance can be open to misinterpretation. Adhering to the following guidelines of good practice should safeguard participants and staff.

13.1. Involve the participant in the intimate care

- Try to encourage the individual's independence as far as possible in his or her care.
- Where a situation renders a participant fully dependent, talk about what is going to be done and give choices where possible.
- Check your practice by asking the participant or parent/carer about any preferences while carrying out the care.

14. Treat each individual with dignity and respect and ensure privacy appropriate to the individual's stage/age and situation.

- Staff can administer intimate care alone, however Paces is aware of the potential safeguarding issues this creates for the participant and member of staff.
- Care will be taken to ensure adequate supervision primarily to safeguard the participant but also to protect the staff member from potential risk.
- The staff member(s) who is(are) involved with care will always ask the participant for permission to assist them.

14.1. Be aware of your own limitations

- Only carry out activities you understand and feel competent with.
- If in doubt, ASK. Some procedures must only be carried out by members of staff who have been formally trained and assessed.

14.2. Promote positive self-esteem and body image

- Confident, self-assured people who feel their body belongs to them are less vulnerable to sexual abuse.
- The approach taken to intimate and personal care can convey lots of messages to an individual about their body worth.
- As a member of staff your attitude to an individual's care is important.
- By keeping in mind the individual's age/stage and abilities, routine care can be both efficient and relaxed.

14.3. If you have any concerns, you must report them

- If you observe any unusual markings, discolouration or swelling, report it immediately to the designated practitioner for adult safeguarding.
- If a participant is accidentally hurt during care or misunderstands or misinterprets something, reassure them, ensure their safety and report the incident immediately to the designated Practitioner.
- Report and record any unusual emotional or behavioural response by the participant. A written record of concerns must be made available to parents/carers and kept in the participant's personal file.

14.4. Helping through communication

- There is careful communication with each participant who needs help with care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the participant's needs and preferences.
- The participant is aware of each procedure that is carried out and the reasons for it.

14.5. Support the highest level of autonomy and independence

- As a basic principle, Paces participants will be supported to achieve the highest level of autonomy that is possible given their age/stage and abilities.

- Staff will encourage each participant to do as much for themselves as they can. This may mean, for example, giving the participant responsibility for washing themselves.
- If required, individual intimate and/or personal care plans will be drawn up for particular participants to suit the circumstances of the individual. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the participant and the carer and health.

15. Care Procedures

The following procedures should be used to appropriately support participants in any of the 'usual' intimate and personal care routines (as identified in sections 2.1.1 and 2.2.1).

These procedures should also form a baseline for the planning of specific-individualised care procedures.

15.1. General Procedures

- The area should be warm, safe and discreet to allow for dignified care.
- Staff must ensure that care is relaxed and a time to promote independence for the participant.
- Every time intimate care is carried out the staff member(s) MUST complete and sign the intimate care log kept within each changing area. These logs are to be monitored by Service Lead/Manager.
- Care will be provided by one staff member unless identified in an individual intimate/personal care plan.
- If the participant attends with a parent, carer, PA, HCA then this person may assist them if this is identified as appropriate on an individual basis.
- If the participant is capable of choosing which person(s) assist them with changing/toileting they will be given that choice wherever possible.
- If individuals are continent or undertaking toilet-training they access the toilet when they have the need to and are encouraged to be independent.
- Each participant must provide his/her own pads, spare clothing etc…
- Staff should refer to Paces Infection Control Policy and Risk Assessment for detailed infection control procedures surrounding care.
- All staff must be familiar with these infection control procedures and carry them out when supporting intimate and personal care (see section 11).
- Appropriate PPE must be donned before intimate or personal care starts and the areas must be prepared before use.
- The changing area/toilet is disinfected for each participant.
- Disposable pads are disposed of hygienically. Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are bagged in yellow bags and taken home.
- If a participant requires specific equipment when toileting then an individual risk assessment will be undertaken and all staff assisting that participant will be given appropriate information and/or training in the correct and safe use of equipment (e.g.

hoist, turntable, urine bottle, toilet chair, toilet seats, transfer boards, wheeled ladder etc…)

- A height-adjustable changing bed is available aid changing of pads and clothing.
- All staff are given training on safe use of height-adjustable changing beds and hoists during their induction into the setting and annually thereafter.
- An open and explicit attitude is encouraged by staff with regards to intimate and personal care to encourage good practice #
- Participants are assisted to wash their hands and have soap and towels to hand.
- There is an emergency pull-cord in each bathroom/changing area. All staff will be shown how to use this cord and it is to be used to call for assistance in an emergency situation.
- If participants are left in wet or soiled nappies/pads in the setting this may constitute neglect and will be a disciplinary matter. Settings have a 'duty of care' towards participants' care need.
- If the participant has a nappy/pad rash parents/carers will be informed and advised to seek medical advice from their GP/Health Professional. If cream needs to be used this will have to be provided and parents/carer/participants be asked to sign a declaration/medication form in conjunction with the administering of medicines policy

15.2 Procedure specific to changing/toileting area at Smithy Wood Day Provision Toilets:

- The doors to both Smithy Wood Day Provision changing-places bathrooms open directly towards the main classroom space and the door of the Conductive Education Classroom. In particular the toilet itself if visible with the door open.
- Subsequently additional care must be taken in order to ensure that when entering and exiting the space whilst a participant is still in the bathrooms.

15.2.1 Locking the door

- Consideration has been given to the need to lock the door when using the bathroom area in order to maintain privacy and dignity for participants at all times.
- If only one staff member accompanies the participant then the door should be unlocked during care procedures, but a second staff member must be nearby outside the changing/toileting area to be available if needed.
- If two members of staff accompany the participant, the door should be locked during care procedures.

15.2.2 Using a privacy screen

- A privacy screen is available for both toilets.
- The screen must be used when a participant is seated on the toilet and the staff member(s) is/are ready to leave the bathroom to allow them privacy whilst they use the toilet.
- Before leaving the bathroom, staff must position the privacy screen across the room blocking the participant and the toilet from view before opening the door and then exiting the room.

- When re-entering the room, the staff must close the door behind them before moving the privacy screen again.
- Using this method will ensure the participant's dignity and privacy are maintained throughout their time in the bathroom.

16. Oral suctioning

The purpose of oral suctioning is to maintain a patent airway and improve oxygenation by removing mucous secretions and foreign material (vomit or gastric secretions) from the mouth. Oral suction is the use of a rigid plastic suction catheter, known as a yankauer, to remove pharyngeal secretions through the mouth.

This specific part of our policy covers only suctioning of the mouth and not the throat. If throat suction is required additional policy amendments may need to be considered.
The suction catheter has a large hole for the thumb to cover to initiate suction some also have smaller holes along the end, which mucous enters when suction is applied. Oral suctioning is useful to clear secretions from the mouth in the event a patient is unable to remove secretions or foreign matter by effective coughing. Patients who benefit the most include those with drooling, impaired cough reflex related to age or condition, or impaired swallowing.

16.1 Competence and Training

Paces will ensure the following with regards to staff competence and training:

- All new staff will receive a thorough induction to ensure they are fully aware of all procedures relating to care routines.
- All staff will be trained internally in suctioning with external suction training provided every two years.

16.2 Safety when suctioning

- Care must be taken at all times not to damage the mouth. A check of the mouth should be done before starting suctioning and any existing injuries marked on a map of the mouth. Suctioning should still be carried out even if there are injuries as the saliva will still need to be removed.
- Suctioning should only be done for those who have it prescribed as part of their package. Equipment should not be shared
- The procedure which is specific to each individual must be followed.
- An individual should only use their own equipment
- Covid -19 safety measures - Full PPE to be warn including gloves, facemask, visor and apron. Oral suctioning has been downgraded to a non-aerosol generating procedure (link) so that Medical grade IIR face masks can now be used.
- Full cleaning of all surfaces should take place after suctioning.
- The room should not be entered after cleaning for 1 hour (unless by the same individual and a staff member wearing full PPE). Should another individual need oral suctioning in the hour afterwards, another space will have to be used, one of the bathrooms in the Day Services space.

- FA check of the equipment should be done before use. If the equipment is damaged it should not be used.

16.3 Suctioning Procedures

Each individual should have their own procedure which should be followed. Alongside this generic procedure for suctioning

- Staff should ask the individual if they are happy for the suctioning to take place and talk and reassure them throughout the process.
- One staff member to don full PPE before taking the individual to the room allocated for suctioning which will usually be the accessible toilet on the ground floor in the corridor. They need to take all of the suctioning equipment along with some clean water for the suctioning procedure.
- A surface should be cleaned down to place the equipment
- Once in the toilet the door must be locked from the inside
- The toilet should be covered with a black bag before suctioning as it does not have a toilet seat lid.
- Apron and Gloves should be changed, and hands washed at this point.
- A check of the suctioning machine should take place, checking the settings, cleanliness and all equipment is present and not broken.
- Staff should then do a check of the individual's mouth using the pen torch to check for any injuries, soreness, ulcers etc and record them on the mouth map.
- The suction machine should be assembled (the yankauer placed in the end of the tube and the tube attached to the machine.
- A test of the machine should be run, taking up some clean water from the container of water.
- Once you are happy it is working suctioning can begin.
- Starting with the hole on the top uncovered place the yankauer to the back of the mouth around the back teeth. Once in place, cover the hole with your thumb and suction from the back teeth to the front teeth taking care not to scrape the gums or damage the mouth. This should lonely take around 10 seconds per side. The thumb should be removed from covering the hole when taking it out of the mouth.
- The suctioning tube should not be in the mouth for longer than 15 seconds at a time as it adjusts the pressure and breathing of the individual.
- If the pallet needs suctioning this should be done last.
- If any injuries are caused these should be documented and parents/ carers informed
- Once finished the machine should be flushed through by sucking up clean water to clear the tube.
- The equipment should be wiped down and put away cleanly.
- Should the equipment need emptying, this should be done before cleaning the room down. It can be poured down the sink and flushed away. The sink should then be thoroughly cleaned.
- The individual should be taken from the room
- The staff member should then clean down the room thoroughly using Milton spray including the sink, back of toilet and other surfaces (mirrors, door handles, walls (where able) etc) and floor.

- The black bag should remain on the toilet until the very end of cleaning and disposed of carefully folding it inside itself and placed in a lidded bin. The toilet should then be cleaned.
- Staff should then leave the room and dispose of the PPE including the facemask and wash hands thoroughly
- The room should then be closed, and no one should enter the room for 1 hour after cleaning has finished.
- The suctioning should be recorded on a suctioning record sheet and filed in the individual's personal file.

17.Legislation and Guidelines

This policy is based on the following Legislation and Guidelines:

- http://www.changing-places.org/
- Health and Safety at Work Act 1974
- The Management of Health and Safety at Work Regulations 1999
- The Manual Handling Operations Regulations 1992
- Lifting Operations and Lifting Equipment Regulations 1998, and Provision and Use of Work Equipment Regulations 1998
- The Disability Discrimination Act 1995;
- https://knowsleychildcare.proceduresonline.com/chapters/p_intimate_pers_care.html (good example of intimate care policy)

This policy links together with the following:

- Paces Adult Safeguarding Policy & Procedures
- Paces Infection Control Policy & Procedures
- Paces Health and Safety Policy & Procedures
- Paces Medicines Management Policy & Procedures
- Paces Equality and Diversity Policy