INTIMATE PERSONAL CARE AND CLINICAL TASKS POLICY

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Policy Statement

JRH Support is committed to providing personal care that has been recognised as an assessed need and indicated in the support plan, in ways that:

- Maintain the dignity of the individual
- Are sensitive to their individual needs and preferences
- Maximise safety and comfort
- Protect against intrusion and abuse
- Respect the person's right to give or withdraw their consent
- Encourage the individual to care for themselves as much as they are able

Definitions

Intimate personal care is hands-on physical care in personal hygiene, and/or physical presence or observation during such activities. It includes:

- Body bathing other than to arms, face and legs below the knee.
- Toileting, wiping and care in the genital and anal areas.
- Continence care.
- Placement, removal and changing of incontinence pads.
- Menstrual hygiene.
- Dressing and undressing

Clinical tasks are those tasks which have traditionally been undertaken by staff from health services, but which can legally be delegated to support staff. This care falls into three main categories:

- Acceptable care tasks i.e. tasks which just require additional training e.g. catheter and stoma care.

- Negotiable care tasks which include:
    1. Complex care e.g. fitting prescription support stockings
    2. Treatments e.g. assisting with the administration of oxygen
    3. Emergency care procedures e.g. anaphylactic pens

- Tasks that are <u>not</u> to be performed by social care staff

Consent

People must give consent by signing their support plan before any of the detailed tasks in the support plan are undertaken since they may include very intimate, personal tasks. Staff must at all times explain what they are doing to ensure consent is 'informed' and wherever possible verbal or non-verbal consent should be obtained each time the procedure is carried out.

Where a person may lack capacity in relation to a particular procedure the decision-maker should carry out an assessment of mental capacity & make a best interests decision.

If a service user refuses the intervention of a support worker, this must be recorded on the service user's file and the matter brought to the attention of the line manager since it may be necessary to change the support plan.

Discussions need to take place with the service user as to the reasons for their decision and the possible consequences of the failure to meet this identified need.

All involved professionals must be informed of the situation. If the situation remains unresolved, a senior manager may use their discretion to see if this constitutes a refusal of service.

Practice Guidance – General Personal Care

People should be encouraged and supported to be as independent as possible in all their care tasks. Staff should never undertake tasks which people are able to perform themselves with sufficient time and support.

People should be offered as much consistency of care as possible so that they can develop a rapport with the support staff.

Both men and women should be employed, and people allowed to choose the gender of their support staff, except where there is evidence that this would expose the support worker to sexual harassment or assault.

Support staff must report any incidents of abuse or suspected abuse to their line manager.

Washing, Dressing, Toileting

People must be encouraged and supported to conduct their own self-care as much as possible. It must not be undertaken by staff because they feel it is quicker or more convenient to do so.

Staff must respect the personal religious beliefs and customs of the people they are supporting with regards to cleansing, as long as it is within Health and Safety guidelines and falls within the competency level to which they were trained.

People must be offered maximum privacy within the constraints of needing to be assisted and accompanied.

If staff should notice any changes in an individual’s appearance that may require attention e.g. rashes, blisters, sores etc. these should be noted on the individual’s file and the person supported to seek medical attention.

Nail Care

Nail care needs to be approached with caution .Care of finger nails may be undertaken if staff complete a risk assessment which indicates that there are no contra-indications. Nails should be filed with an emery board.

Foot care should be treated with caution. A risk assessment must be completed to see if the service user is suitable and only staff who have received training from a podiatrist should undertake the task of cutting toe nails or using a pumice on dry skin.

If there are needs in excess of basic foot care, the person should be referred to a podiatrist.

Shaving

Staff may assist individuals to shave facial hair using an electric razor if this is part of the support plan.

Staff should only assist people to wet shave if they feel competent to do so, and must be mindful of safety considerations.

Staff will not normally shave body hair, except underarms by request on hygiene grounds.

Contact Lenses and Spectacles

Staff may assist people to clean and put on glasses.

Due to the risk of harm, staff must not insert contact lenses.

Dental Care

Staff may assist individuals to clean and insert false teeth, if so requested.

Staff may assist individuals to cleanse their natural teeth and perform mouth care tasks as indicated in the support plan.

Hearing Aids

Once taught the proper technique by an appropriate person, staff may assist people to insert and adjust hearing aids

Sanitary/ Incontinence Protection

Staff may be involved in changing both sanitary towels and incontinence pads and must follow the hygiene principles identified in the Infection Control policy.

Staff will not insert tampons. The only exception will be when assistance is needed to enable young women with disabilities to learn how to do this as part of a planned personal and social education programme.

Contraceptive Devices

Staff will not normally be involved in inserting contraceptive caps, diaphragms or female condoms or putting on male condoms.

This will only happen as part of a planned, time limited, personal and social education programme, or where there is formal agreement for the staff member to act as an enabler for a disabled person wishing to engage in sexual activity when neither they nor their partner are able to perform this task. In these circumstances, the staff member must be trained by an appropriate health care professional to ensure proper application of the contraceptive device.

Body Piercing

Staff may assist with the hygienic cleaning of body piercings and the changing of jewellery provided that they adhere to the infection control procedures as detailed in the Infection Control policy.

Staff must wash their hands before and after the cleansing procedure and wear protective gloves at all times. A pharmacist can advise on gentle bacterial soaps containing Triclosan, which is the preferred method, and advise on alternatives if people are sensitive to Triclosan.

Piercings should not be cleaned more than twice a day because of the danger of damaging skin cells and inviting infection.

With an oral piercing, after eating, drinking or smoking the mouth should be rinsed with an anti-bacterial mouthwash at a dilution of 50%-75%. It is also necessary to disinfect the piercing twice a day with warm salt water or a mild antiseptic.

The following are indications of infections:

- Redness and swelling.
- A sensation of heat at the piercing site.
- Pain, especially throbbing or spreading pain.
- An unusual discharge.

Whenever there is concern the person’s GP must be contacted. The jewellery should not be removed as this may aggravate the problem by closing off the drainage for the discharge matter.

Practice Guidelines – Clinical Tasks

Clinical tasks will only be undertaken by care staff as part of a package which addresses other intimate personal care tasks that would normally be performed by a support worker.

Sometimes staff are requested to perform tasks which will require additional training and which may have traditionally been performed by health personnel. There are important conditions attached to each category of task and because a task appears on a Category 1 or 2 list, it does not mean that the task will be performed automatically by a member of JRH Support.

The Care Quality Commission (CQC) stress that care workers can refuse to perform a task they do not feel competent to perform.

The responsibility and accountability for all delegated health care tasks falling into category 2 remains with the health professional who is delegating the task to JRH Support staff.

The health professional is responsible for ensuring that JRH Support staff are competent to undertake the delegated task by training them in the agreed competencies allotted to that task.

If an incident should occur when the staff member is undertaking the task for which they were trained and is working to the agreed support plan and written procedures for that task, the liability rests with the PCT. If a JRH Support staff member works outside the support plan and written procedures for that task, or undertakes a task for which they are not trained and an incident occurs, then that individual may be liable and JRH Support may commence disciplinary procedures.

JRH Support staff are employed primarily to provide social care and should not undertake tasks which would normally be performed by trained nursing/medical personnel, even though some staff members might have nursing qualifications. There is no definition of what constitutes a nursing task but case law indicates that care agencies should not be performing invasive tasks as they have no power to provide health care.

Category 1 – Acceptable Tasks

These are the tasks falling within the normal range of activities undertaken by JRH Support staff as long as they have received the appropriate training. This training can be delivered to a group of people and the procedures issued on a generic basis. Staff must sign to say that they have received and understood their training. The trainer must also sign and date this.

JRH Support staff are not permitted to pass on any training they have received for these tasks to other staff.

Competence to complete these tasks should be re-assessed on an annual basis by the line manager or trainer, whoever is the most appropriate, and this should be recorded on the staff record.

A review of the training needs of staff must take place whenever there is a change in circumstances or where there is concern expressed about the ability of the member of staff to perform a specific task.

Acceptable Care Tasks List

- Replacing a bag to an existing urethral or supra-public catheter.
- Emptying and measuring urine, if required.
- Putting on penile sheaths and connecting them to urine bags
- Application of topical creams and ointments
- Administration of ear drops and eye drops
- Mouth care
- Fitting supports, artificial limbs, or braces.
- Awareness of pressure care in relation to prevention and good practice.
- Assisting with the cleaning of a supra-pubic catheter site.
- Emptying, changing/replacing urostomy bags
- Emptying, changing/replacing colostomy bags
- Emptying, changing/replacing ileostomy bags.

Category 2 – Tasks that may be delegated by a health professional to the local authority

The tasks in this category are nursing tasks, which in appropriate circumstances can be delegated to social care staff. They all require training specific to the individual service user on a one to one basis by a health care professional who will assess the JRH Support staff against a series of pre-defined competencies. Competence to perform these tasks must be re-assessed annually by the health professional delegating the task or the line manager, whoever is the most appropriate, and this should be recorded on the staff record.

The health professional must provide written procedures for the care staff to follow and specify regular review dates.

Negotiable Care Tasks List

Complex Care

- Fitting prescription support stockings, following advice from an appropriate health professional as to how frequently this task should be performed.
- Changing a two piece system of stoma
- Assisting with obtaining midstream urine specimens, or a faecal specimen which has been medically requested. (N.B. this includes obtaining a specimen by way of an in-dwelling catheter but not be intermittent catheterisation.)
- The taking of a capillary blood test (finger prick test).
- Applying a replacement dressing, without otherwise cleaning or treating the site

- Gastrostomy/jejunostomy tube feeding, by inserting water through the tube before and after the feed and attaching the pump giving set to the gastrostomy jejunostomy.
- Cleansing of gastrostomy/ jejunostomy sites, including advancing and rotating a gastrostomy as directed
- Cleansing and inserting false eyes.

Treatments

- Administering laxative suppositories but this procedure must be linked to a review by a health professional.
- Assist a person to self-administer routine, pre-measured doses of prescribed medicines via an inhaler or nebulizer as a regular procedure for chronic conditions only. The health professional must regularly monitor and review this process.
- Administering pre-set doses of insulin by pen
- Administering medication via a gastronomy/ jejunostomy tube but only where staff have received accredited medication training and there are no family or carers who are able/willing to perform the task.
- Assist a person to administer oxygen via a pre-set facility.
- Fitting transcutaneous Nerve Stimulation (T.E.N.s) machines, only where their use has been approved by the GP or other appropriate health care professional.
- Taking of temperatures only when there are clear guidelines in any written procedure from a health professional on what action to take to alert health staff if the temperature should exceed certain pre-defined limits. Support staff should never be expected to interpret any temperature readings.

Emergency Care Procedures

- Administering rectal Diazepam (Stesolid) or buccal Midazolam, only as an emergency procedure and subject to ongoing review.
- Oral aspiration of excess saliva from the front of the mouth with suction equipment.
- Administering anaphylactic pens, as an emergency procedure only.

This list is not exhaustive and there may be occasions when managers would be willing to negotiate to establish an individual procedure, based on the experience and willingness of staff to be trained and the nature of the task.

Category 3 Tasks – Not to be performed by adult social care staff in any circumstances

Generally any task which is invasive or requires a member of support staff to make a judgement without the guidance of a health professional is unacceptable.

Unacceptable Tasks List

- The management of supra-pubic catheters, other than changing the bag and cleaning the site
- Intermittent catheterisation
- Bladder compression
- Management and treatment of pressure ulcers, other than planned interventions such as positioning the person.
- Manual evacuation of the bowel
- Administration of rectal enemas
- Administration of microlax enemas
- Insertion of prescribed vaginal pessaries
- Taking of venous blood samples
- Taking pulse or blood pressure readings.
- The administration of medicines through a nebuliser for acute or emergency conditions
- Giving any medicines via injection (except insulin)
- Flushing to unblock any feeding tube or line. Help should be summoned from the district nursing team to assist with this.
- Assisting with the cleaning and replacement of tracheostomy tubes
- Assisting with the dialysis process
- Assisting with syringe driver pain relief systems
- Fitting of prescribed supports for the control of hernias
- Aspiration of naso-gastric tube
- Naso-gastric tube feeding
- Oral suction, other than oral aspiration of excess saliva from the front of the mouth with suction equipment.
- Suction through tracheostomy tube
- The administration of pre-measured doses of medicine via a nasogastric tube

Emergency Procedures

An emergency is defined as a life threatening situation so there will be occasions when a person's personal safety may be at risk and where urgent intervention is required. However, whatever the circumstances, staff should not put themselves at risk.
If a staff member is seriously concerned about an individual's physical condition and they have had the appropriate first hand training from a health care professional or qualified trainer in emergency procedures and feel confident of intervening in an

emergency situation, they can do so only as a first aid measure, and whilst ensuring that an ambulance is called first through the 999 emergency service.

This particularly applies to the administration of rectal diazepam or buccal midazolam, when a service user has a seizure and there is a risk of Status Epilepticus occurring. **The preferred course of action is for an ambulance to be called using the 999 emergency service**. Rarely, more immediate intervention will be necessary and this may be carried out by named staff members in accordance with the procedures established in the 'Negotiable Care Tasks' list above.

In some more specialist areas where we support people with profound and multiple disabilities, frequency of administration would place a particular burden on the ambulance service and significantly impact on the care of the service user. Here, as long as the procedures established in the 'Negotiable Care Tasks' list above can be met, the administration of rectal diazepam or buccal midazolam are tasks that may be delegated to JRH Support staff.

In all cases the service user's GP and family or carer should be informed.

Cardiac and Respiratory Resuscitation/DNR Notices

In the event of a person appearing to suffer a cardiac or respiratory arrest, an ambulance must be called using the 999 emergency service. In addition, emergency life saving procedures should be carried out by a trained first aider, if one is available.

There may be situations when staff are unsure whether resuscitation is appropriate due to serious illness or disability or a deterioration in a pre-existing condition. If there is concern about the likelihood of cardiac or respiratory failure in a seriously ill or profoundly disabled person, then the person's doctor must give written guidance as to what procedure is to be carried out. It will be kept with the person's support plan.

At no time must staff make a decision themselves based on the individual's physical condition or age whether to resuscitate and they should therefore always administer first aid and call the ambulance service as stated above, unless otherwise advised by the doctor in writing.

If a person has a Do Not Attempt Resuscitate (DNAR) decision in place this should be recorded in the service user's support plan (either by use of a completed DNR sticker or by written directive of the GP if an End of Life Care pathway is in place).

In these situations if staff should then find somebody in a collapsed state, they should still contact the GP to inform them and seek advice.

When there is no guidance and the person concerned is receiving palliative care, staff should still contact the GP for advice.

Recording

It is essential that staff must have the signed consent of the individual or their representative. The procedures to be followed with regards to specific tasks must be retained on the individual's support plan and whenever a task is performed it must be recorded in the running records.