

WEST LIMERICK INDEPENDENT LIVING CLG

Personal and Intimate Care Policy

Policy Reference	WLILP20
Category	Clinical & Care Practice — Person-Centred Support
Version	3.0 (merged & legislatively corrected)
Status	APPROVED — by the Board of Directors on 9 October 2026
Supersedes	WLILP20 - Personal Intimate Care Policy (issued 2025); WLILP20 - Personal Intimate Care Policy Expanded (unapproved, Aug 2025)
Policy Owner	Board of Directors, West Limerick Independent Living CLG
Applies To	All staff providing personal or intimate care to people supported by WLIL
Related Policies	WLILP4 - Garda Vetting Policy; Incident Reporting Policy; Safeguarding Vulnerable Persons at Risk of Abuse Policy; Manual Handling Regulations; WLILP48 - Medication Policy for Personal Assistants
Review Cycle	Every 3 years, or sooner if legislation or national standards change

1. Introduction, Purpose and Scope

West Limerick Independent Living (WLIL) is committed to supporting people with a wide range of disabilities through the provision of personal support services in their own homes. This policy applies to staff in the provision of personal and intimate care to individuals availing of WLIL's services.

The individual's dignity should always be preserved with the highest level of privacy, choice, control and respect. Personal and intimate care is a sensitive area and requires staff to be respectful of the individual's needs. As part of WLIL's person-centred approach, staff should have sufficient time to get to know the individual and build a trusting relationship before providing such care.

This policy applies to all WLIL staff involved in the provision of personal or intimate care for anyone in receipt of a personal support service from WLIL, whether provided in the person's own home or elsewhere in the community.

2. Legislative and Regulatory Framework

This policy is informed by the following legislation and national guidance:

- Health Act 2007 — establishes the Health Information and Quality Authority (HIQA) and its regulatory role in health and social care services
- Health (Amendment) (Home Support Providers) Act 2026 — enacted 1 July 2026 but not yet commenced. Once in force, this will bring home support services such as WLIL's under HIQA's Chief Inspector of Social Services; this policy should be reviewed against the accompanying regulations once commenced

- HIQA Draft National Standards for Home Support Services (2024) — the standard actually applicable to home-based personal assistance, as distinct from residential "designated centre" regulations, which do not apply to WLIL's model of support
- Assisted Decision-Making (Capacity) Act 2015, as amended by the Assisted Decision-Making (Capacity) (Amendment) Act 2022 (both fully commenced 26 April 2023) — the statutory basis for supported, rights-based decision-making and consent
- HSE National Consent Policy (revised 2022) — sets out the principles and practice for obtaining valid, informed consent in health and social care settings, aligned with the Assisted Decision-Making (Capacity) Act
- Trust in Care (HSE, 2005) — the HSE's policy for managing allegations of abuse involving staff, relevant to any concern arising in the course of intimate care
- Safeguarding Vulnerable Persons at Risk of Abuse — National Policy and Procedures (HSE, 2014) — the national safeguarding framework applying to WLIL as an HSE-funded service
- National Policy Framework for Adult Safeguarding in the Health and Social Care Sector (2025) — launched 9 December 2025 and applying to voluntary providers such as WLIL; underpinning legislation has been promised but, as of a May 2026 Oireachtas committee report, has not yet been published as a Bill. This policy will be reviewed once that legislation progresses

3. Policy Statement

It is the policy of WLIL that personal and intimate care is provided to individuals in accordance with our values. It should be delivered in a manner directed by the individual and which promotes the person-centred ethos of the organisation.

4. Definitions

4.1 Personal Care

Personal care involves assisting and supporting individuals with their personal presentation. It is of a less intimate nature, as it does not invade personal, private or social space to the same extent as intimate care.

4.2 Intimate Care

Intimate care is any task of an intimate nature which the person is unable to undertake for themselves. It is associated with bodily functions and personal hygiene which necessitate direct or indirect contact with intimate parts of the body.

Table 1 sets out examples of personal and intimate care tasks. This list is illustrative, not exhaustive.

#	Task	Note
1	Supported eating	
2	Oral care (brushing teeth)	
3	Shaving or applying deodorant	
4	Skin care or applying external medication	
5	Hair care	
6	Dressing and undressing (underwear	

#	Task	Note
	and clothing)	
7	Intimate self-care — toilet or bathroom	
8	Changing soiled continence pads	
9	Bathing or showering — washing non-intimate body parts	
10	Washing intimate parts of the body (e.g. genitalia)	
11	Menstrual care	
12	Catheter or stoma care	Only when instructed by the Service Coordinator and following appropriate training
13	PEG feeding	Only when instructed by the Service Coordinator and following appropriate training
14	Administering rectal medication	Not included in PA duties
15	Inserting suppositories/pessaries	Not included in PA duties

Intimate care can occupy a large amount of the day, and the way in which it is delivered can significantly affect an individual's quality of life. It is essential that every person is treated as an individual when intimate care is being provided, that appropriate time is taken, and that it is delivered as gently and sensitively as possible, always respecting privacy and dignity. The individual receiving intimate care should be encouraged to express choice and to have a positive image of their own body.

Once intimate care needs are identified and agreed, they must be captured in the individual's Personal / Intimate Care Plan.

5. Guiding Principles

The following principles apply to the provision of all personal and intimate care:

1. Individuals should give their consent prior to the provision of intimate care.
2. Individuals have a right to feel safe and secure.
3. All individuals have the right to personal privacy.
4. All individuals receiving intimate care should be respected and valued. They should be listened to, their views considered, and always treated courteously, knowing who is assisting them.
5. Individuals have a right to be treated with dignity, respect, and a professional approach from staff.
6. Individuals have the right to information and support to enable them to make appropriate choices.
7. All individuals have the right to be involved and consulted in their own intimate care to the best of their abilities.
8. Individuals have the right to be accepted for who they are, without regard to age, gender, ability, race, culture or beliefs.
9. All individuals have the right to express their views on their own intimate care and to have those views considered.
10. Individuals have the right to know how to complain and have their complaint dealt with.
11. An individual's care plan should be designed to promote independence.
12. Where possible, efforts should be made to match staff to a client's gender preference for the provision of intimate care.
13. Care must reflect the cultural, religious, and personal preferences of the individual.

There may be circumstances where an individual's personal care needs to be carried out in a specific and consistent manner in accordance with their wishes; where relevant, this must be captured in their Care Plan.

6. The Personal / Intimate Care Plan

Where it has been determined that a Personal / Intimate Care Plan is required, this should be completed collaboratively by the individual and/or their representatives, the relevant staff, and relevant professionals. A template is provided at Appendix A.

Each care plan should be reviewed at least annually, or sooner if the individual's needs, preferences, or circumstances change.

7. Staff and Support Roles and Responsibilities

- Every individual has their safety, dignity, privacy and right to exercise choice always respected
- All aspects of personal / intimate care should be directed and guided by the individual
- All interactions are individualised to promote the health, well-being and fulfilment of the individual
- If, during personal / intimate care, staff accidentally hurt the individual, or suspect that the individual has been or is being abused, they must follow the appropriate policies: the Incident Reporting Policy, and the Safeguarding Vulnerable Persons at Risk of Abuse policy
- In most situations, personal / intimate care is carried out by one staff member. Where an issue of concern arises for the first time, staff must report to their Service Coordinator and follow organisational procedures

- Staff must read and understand each individual's Personal / Intimate Care Plan, maintain confidentiality and professionalism, and participate in regular training and supervision

8. Communication

The following guidelines promote best practice in communication:

- Staff's ability to communicate well helps build good relationships with the individual
- The individual's means of communication will be identified in their individualised file
- Staff must seek the individual's consent and be clear about their level of understanding
- Where an individual cannot give verbal consent, staff should use opportunities to clarify consent and understanding through the person's preferred methods of communication
- Before commencing and throughout the task, explain in a reassuring way what is happening, in a manner the person understands, so they are prepared for and can anticipate the assistance
- Physical contact should be affirming and informed by knowledge of any sensory preferences
- Staff should understand any religious or cultural sensitivities relevant to each person's intimate care
- Non-verbal communication and body language should give the same message as verbal communication — a conflict between the two may cause confusion and distress

9. Consent

- Consent from a parent or carer is required for children. It is not a strict requirement for adults with capacity; however, best practice involves consultation with family or support networks where appropriate, as they may have invaluable guidance regarding the individual's needs
- Individuals will usually voice preferences or comment on their own care, and this should inform their plan
- Where an individual's capacity to consent to a specific decision is in question, staff should apply the principles of the Assisted Decision-Making (Capacity) Act 2015 (as amended) — capacity is always presumed, and is decision-specific and time-specific
- Where issues remain unresolved for the individual, they can make a formal complaint through WLIL's Procedure for the Resolution of Concerns and Complaints
- Consent should be sought from an individual before information regarding their plan is shared with any external agency

10. Sexual Aspects of Intimate Care

- An individual may be sexually aroused while being supported with intimate care. This is a normal and natural physiological response
- Every effort should be made to ensure the individual's dignity is maintained, and that any anticipation or evidence of sexual arousal is treated with sensitivity and respect — for example, not speaking in a dismissive or derogatory way, and not leaving the person exposed while in a sexually aroused state
- There are specific types of intimate touch that can stimulate sexual arousal; these should be acknowledged when agreeing the care to be provided
- As a general guideline, physical contact will not continue while someone is sexually aroused

- Masturbation is a normal sexual expression which may sometimes take place in an inappropriate context. To preserve the individual's dignity, they should be afforded privacy; this support requirement should be included in the Personal / Intimate Care Plan
- Some individuals may remove their clothing, or wear inappropriate clothing in an inappropriate setting, which may or may not be of a sexual nature. To preserve dignity, the individual should be afforded privacy; this should also be included in the Care Plan

Frontline staff should not carry out holistic therapies such as massage, reiki or aromatherapy — only therapists holding a recognised qualification should perform these tasks. Tasks such as nail care or skin care that require a recognised qualification should similarly not be carried out by frontline staff. Staff should receive training to help them manage situations involving sexual arousal or expression respectfully and professionally.

11. Safety

- It is sometimes necessary to use equipment while supporting an individual with intimate care
- Everyone must be assessed for any equipment needs by appropriate personnel, such as an Occupational Therapist or Physiotherapist
- All staff should be trained and competent in using the identified equipment
- Staff will establish good working practices and adhere to WLIL's procedures on manual handling and other relevant procedures

12. Procedures

- Assessment: conduct a full needs assessment with the individual and their support circle
- Care Planning: develop a personalised care plan detailing tasks, preferences, communication methods and required equipment
- Implementation: deliver care in accordance with the plan, ensuring dignity, safety and respect
- Review: update the care plan at least annually, or sooner as needed
- Incident Reporting: document and report any concerns, injuries or safeguarding issues immediately, in line with WLIL's Incident Reporting Policy

13. Monitoring and Evaluation

Implementation of this policy is monitored through monthly Service Coordinator check-ins with staff and individuals, and a comprehensive annual review.

14. Policy Summary

This policy is essential not only to increase knowledge, enhance skills and promote good practice, but also to provide a forum for staff to reassess their own attitudes and values in this sensitive area. Its effectiveness will be informed by maintaining and advocating every individual's right to privacy, dignity and respect regarding their personal and intimate care.

15. Policy and Procedure Feedback

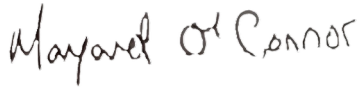
A Policy and Procedure Feedback Form is available on WLIL's website, providing an opportunity to comment on any policy or procedure. Comments will be forwarded to the person leading the ongoing development of the policy, and will inform the review cycle for updating procedures.

Legislative references are checked as accurate as of this policy's drafting date. This policy is not a substitute for clinical, legal or safeguarding advice specific to an individual's circumstances.

Approval

Approved by the Board of West Limerick Independent Living CLG on 9 October 2026.

Signed on behalf of the Board, on its instruction, by the General Manager:



Margaret O'Brien O'Connor, General Manager

Date signed: 09-10-2026

Appendix A — My Personal / Intimate Care Plan

This plan has been drawn up by the individual and those who support them. It is important that all staff supporting the individual are familiar with it. It will be shared with significant others who support the individual in other settings. Everyone who supports the individual is aware that this plan is in place and has agreed to it.

Type(s) of care requiring assistance

I need assistance in the following areas: _____

Specify preferred means of communication: _____

Who will provide the support and where will it occur? _____

I may have preferences within my support team as to who supports me with my personal and intimate care. Please respect my wishes and preferences.

Areas where support is not required

(e.g. "I can dry myself once out of the shower and prefer privacy in my room"; "I can dry and brush my hair independently.")

Necessary equipment

Example: Preparing for Bathing

- Engage with me to ascertain my personal preferences
- Check the bathroom is clutter-free and the bath is clean
- Check all aids and appliances are in working order; if not, take the necessary steps to repair or replace them
- Check the shower/bath mat, if required, is securely fastened
- Wash and dry hands thoroughly, and use gloves and an apron
- Prepare the shower/bath, running cold water first before hot
- Before getting into the shower/bath, the person supporting me must check the water temperature with their hand or elbow — it should feel comfortably warm
- Assist with undressing as required, maintaining dignity by covering with a towel
- Observe the condition of my skin; note and report any redness, inflammation, bruising, discolouration or rash
- Assist me into the shower/bath as required, adhering to my specific transfer (moving and handling) requirements in line with my care plan and risk assessment
- Assist me to wash as required. If I can wash myself, remain within earshot, checking at regular intervals so I can call for assistance if needed
- If required, assist me to wash my hair, using a flannel as an eye guard to avoid shampoo in my eyes
- Assist me out of the bath adhering to my specific moving and handling requirements
- Cover me with a towel as soon as possible to provide warmth and maintain dignity

Any other comments: _____

Date plan drawn up: _____ Agreed by: _____ Review date:

Appendix B — List of Related Policies

- Manual Handling Regulations (Employee Handbook & Safety Statement)
- WLILP48 - Medication Policy for Personal Assistants
- Incident Reporting Policy
- Safeguarding Vulnerable Persons at Risk of Abuse Policy
- WLILP4 - Garda Vetting Policy
- Procedure for the Resolution of Concerns and Complaints