

# Personal Care

## Bathing

An in-home personal care service worker may assist clients with bathing. When a client has skilled skin care needs or skilled dressings that will need attention before, during, or after bathing, the client should be in the care of an agency licensed as a home health agency or a home nursing agency to meet those specific needs.

- Washing an elderly person:
  - Maintaining good personal hygiene is an essential part of caring for an elderly person. It enhances a person's physical and mental well-being. However, if you are a caregiver, you should be aware that when a person becomes dependent on another person for personal hygiene, they can experience a deep loss of independence and self-esteem which can lead to agitation and depression. This article explains the best way to approach keeping an elderly person clean.
- The benefits of good personal hygiene are:
  - It helps keep the skin intact and prevents infections.
  - It removes substances from the skin where bacteria can grow, thus reducing the risk of infection.
  - It helps keep the teeth and gums healthy, which in turn promotes good nutrition.
  - It makes the person feel good about themselves.
- Assisting in a daily routine:
  - The level of intervention required depends on the needs of the elderly person. You might be called on to bathe a bed-bound elderly person or assist a more mobile elderly person with their daily personal hygiene routine.
- Importance of professional advice:
  - Whatever the level of intervention required, you need advice from professional carers. A nurse or doctor can give you assistance and training on how to manage personal hygiene routines. In most cases, it is best to help the person with personal hygiene rather than doing everything for them. For example, if a person can still move their arms, they can brush their own teeth and wash their own face- albeit slowly. The advantage of this is that it keeps the elderly person from becoming completely dependent on you, relieves your work load as the caregiver, and helps to maintain mobility.
- Fear of washing:
  - Some elderly people have a fear of water or showers and will fight against attempts to wash or bathe them. The solution here is to look for the root fear. For example, it can be a deep rooted fear of falling, to which the solution is to install handrails. Or it may be a modesty issue, in which case do not undress the person fully, just wash one part of the body at a time and keep the person covered or partly dressed.
- Bed baths for the elderly:
  - If the person you are caring for is confined to bed, you may need to perform a bed bath. If possible, enlist a partner for this process, or encourage the elderly person to participate in the bath. It's a good idea to gather everything you need in advance and place them close to the bedside. Place towels or plastic sheets around the person and on the floor. If you do not have carpet, newspapers on the floor will absorb runoff and prevent you from slipping.
  - Tips for bed baths:
    - Gather everything you need in advance (water containers, towels, light cotton blanket, flannels, liquid soap, lotion, and preferred toiletries).
    - Always wash your hands before you start.
    - Try to maintain the water temperature at 120 degrees Fahrenheit.

- Always test it first and replace the water as it cools or gets dirty.
- Make sure the room is warm and there are no drafts or open windows.
- For privacy and warmth, use a light cotton blanket to cover the person during the bed bath.
- When washing a person in bed, start on the face and upper body area first, then each side of the body from the arm and down to the leg. Use a thin blanket to cover parts of the body until you are ready to wash them. After they have been washed and dried, you can replace the blanket for modesty. Then carefully turn the elderly person on one side so the back faces towards you. You can then wash the shoulders, back, and bottom. Finally, wash the private areas, working from front to back with a fresh basin of warm water. Special wipes may be a convenient way to keep these areas clean, but they can be expensive. It's very important to dry each part of the body very carefully to prevent chills. When you have finished washing and drying an area, you can gently rub in lotion to prevent drying and soothe the skin. Always seek professional advice before you give an elderly person a bed bath in case there are any medical considerations that you should take into account.
- Frequency of bathing:
  - An elderly person may not need a full bath everyday. However, you will need to wash a person's face, underarms, and private areas on a daily basis.
- Dealing with embarrassment:
  - Embarrassment, on the part of the caregiver or the elderly person is not unusual. If you are a caregiver, remember that you are performing a much needed and important role. Try to be soothing and supportive and maintain dignity throughout the process.
- Bathing and taking showers:
  - If the person you are caring for is mobile, you may be able to help them have a bath or shower. Here are some tips:
    - Make sure the elderly person's bath has strong grab rails to help them get in and out of the bath.
    - Make sure the bath or shower has a non-slip mat at the bottom.
    - Place a non-skid bathmat (with a rubber base) on the floor in front of the shower or bath.
    - Place a shower seat in the shower so the person can sit down if necessary.
    - Always check the temperature of the water in the bath or shower before the elderly person gets in.
    - If the elderly person prefers to bathe or shower on their own, make sure they do not lock the bathroom door.

### Skin Care

An in-home personal care service worker may perform general skin care assistance. Skin care may be performed by an in-home personal care service worker only when skin is unbroken and when any chronic skin problems are not active. The skin care provided by an in-home personal care service worker must be preventative rather than therapeutic in nature, and may include the application of non-medicated lotions and solutions or of lotions and solutions not requiring a physician's prescription. Skilled skin care must be provided by an agency licensed as a home health services or home nursing services agency. Skilled skin care includes wound care, dressing changes, application of prescription medications, skilled observation, and reporting.

- Elderly skin care- what you need to know:
  - Elderly people and their caregivers should know about elderly skin care. It is important to realize some of the common traits, problems, and solutions. Elderly people will have some specific issues that need to be recognized and treated effectively. Here is some information that will help you care best for elderly skin.
- Elderly skin traits:
  - The most common factor among elderly skin is the fact that it is usually always dry. This is because as we

age, our skin begins to thin. As it thins, it is less able to retain moisture, thus leading to dry skin.

- Dry skin can lead to problems in a younger person, but cause even more problems for the elderly. The thin skin is easier torn, and that lets bacteria get in. The elderly have a harder time fighting bacteria off, so you don't want anything to increase their chances of infection.
- Treating elderly skin:
  - Elderly skin care will always include caring for dry skin. Treating dry skin is not hard, it just requires astute attention and getting in the habit of taking care of it. Here's how you do it:
    - **Keep it clean:** Always keep the skin clean. This applies especially to the feet, groin, under areas, and armpits. Individuals who sweat should wear loose, absorbent clothing that will wick the wetness away. If skin stays wet too long, it can become prone to fungal infection, rashes, and even become extremely dry. However, avoid hot baths or too frequent showering/bathing. This will dry skin out further. Warm water is the most effective, and bathing every other day is probably the most frequent to get. Cream based cleansers for face and body are perfect. Often, only localized areas need to be soaped. The rest of the body can be flushed with warm water. Avoid very bubbly products, as they usually contain harsh detergents that dry out skin.
    - **Keep it hydrated:** Keeping dry skin hydrated is the best way to avoid potential problems like cracking, pain, and itchiness (which we will discuss below). After showering or bathing, lather all over with a thick Hydrating cream. This will help seal in the body's natural moisture, and help skin be more comfortable. For the day, invest in a heavy-duty moisturizer with sunscreen. At night, use a hydrating night cream before going to bed.
    - **Keep it from itching:** Elderly skin care is all about dry skin. But what makes skin dry? Well, as we age, our bodies decrease their production of oily secretions, which help keep skin soft, supple, and hydrated. This decrease leads to drier skin, which can become itchy and uncomfortable. And when our skin itches, we scratch it. This can be harmful for an older person, as their skin is more thin, and more susceptible to tearing. Which just leads to a bigger problem. So, to reduce itchiness, try using a bathing oil after bathing. Be very careful to avoid applying to hands and feet so the risk of slipping is minimized. Apply talc to areas that sweat to minimize any fungal growth which can lead to itching. And keeping humidifiers in popular rooms will help relieve itching.
- DON'T FORGET THE FEET!:
  - As we focus on elderly skin care, let's not forget one of the most important (yet often overlooked) area of the body. The feet. The older a person gets, the more prone their feet become to problems. Corns, callouses, warts, dry skin, fungal infections, ingrown toenails, blisters, and other foot deformities are common. Proper care of a person's feet, including regular checkups by a doctor, can alleviate most of these problems. The feet are also a great way to tell if a person is at risk for diabetes.
    - **The routine:** Clean feet thoroughly with warm water, and dry them completely. Remember to get between the toes! Thoroughly massage lotion or moisturizer into the feet, avoiding the spaces between the toes. If the person is immobile, do daily foot exercises to get blood circulating. Always wear comfortable shoes, even around the house. This is to protect the feet from outside injury, as well as discomfort caused by inappropriate footwear.

### Hair Care

As a part of the broader set of services provided to clients who are receiving in-home personal services, in-home personal care service agencies may assist clients with the maintenance and appearance of their hair. Hair care within these limitations may include shampooing with non-medicated shampoo or shampoo that does not require a physician's prescription, drying, combing, and styling of hair.

- Looking after an elderly person's hair:
  - Washing an elderly person's hair can be difficult if they are confined to a bed or unable to get to a source of running water like a shower or basin. However, it is possible if you use a bed shampoo basin or inflatable basin that you can make or buy from a care aid shop. Here are some tips if you are shampooing an elderly person's hair in bed:

- Gather together all of the equipment you need before you begin.
- Place plenty of absorbent towels and a waterproof sheet over the pillow.
- Place the shampoo basin on top of this.
- Carefully wash and rinse the hair.

### Nail Care

Assistance with nail care can be generally performed by an in-home personal care service worker. This assistance may include soaking of nails, pushing back cuticles without utensils, and filing of nails. Assistance by an in-home personal care service worker MAY NOT INCLUDE nail trimming.

- How to file your client's nails properly:
  - Wash the client's hand thoroughly with soap and water.
  - Lay a towel on the table to collect any nail dust or clippings.
  - Hold the emery board at a slight angle at one corner of the nail. Lightly stroke it from the corner to the center of the nail. Repeat several times, keeping the pressure light.
  - Hold the emery board at a slight angle at the opposite corner and repeat, stroking from the corner toward the center of the nail.
  - Repeat with each nail.
  - Buff nails if desired with a nail buffer to make them shine.
  - Gather up the towel and shake out the nail dust into the trash.
  - Wash and moisturize the client's hands.

### Mouth Care

An in-home personal care service worker may assist and perform mouth care. This may include denture care and basic oral hygiene, including oral suctioning for mouth care.

- Dealing with dentures:
  - Removing and cleaning dentures can be a tricky procedure if you have not done it before. Here is some advice on removing and cleaning dentures:
    - Remove the upper plate first by holding holding the inner and outer surfaces of the denture on both sides of the plate. You can then put your forefinger over the upper edge of the plate and press until the seal breaks between the denture and the gums. All you need to do then is pull the plate forward to remove.
    - Remove the lower plate by holding the inner and outer surfaces of the denture with the thumb and forefinger. Turn slightly and pull the denture up and out.
    - Clean the denture in warm water. Use a tooth brush and tooth paste to scrub dentures carefully. Then rinse with clean water.
    - To replace the dentures, wet them with cold water. Apply even, gentle pressure on both sides of the upper plate and work it into place in the elderly persons mouth. Then you can carefully insert the lower dentures.
- Bed bath mouth care:
  - Performing mouth care on a bed-bound elderly person is a very important task but may not happen as easily for a person with decreased mobility. Here are some tips and ideas to help you perform oral care on your bed-bound clients:
    - Help the bed-bound person sit up if possible. Otherwise, turn the person on to his or her side.
    - Tuck a towel under the person's chin.

- Use a soft toothbrush and gentle toothpaste.
- Brushing movement should be away from the gums.
- Have a glass of water and a basin available so the person can spit and/or rinse out their mouth.

### Shaving

An in-home personal care service worker may assist a client with shaving only with an electric or safety razor.

- Shaving your client's face:
  - Clients that cannot fulfill these needs on their own need to be assisted. Bathing is of course a must. While bathing removes much of the daily accumulated dirt and bacteria from the skin, there are additional benefits to shaving the face. Particles can remain on a person's hair follicles. Shaving will remedy this and by removing the hair, the surface area on which bacteria can accumulate will reduce. Shaving can also give the client a better feeling of his/her personal appearance and studies have shown that feeling good about themselves causes people to recover more quickly.
  - Before beginning you will need a few supplies such as:
    - Two dry bath towels
    - Two wash cloths
    - One razor
    - One can of shaving cream
    - One basin
    - One bottle of moisturizing lotion.
    - One bottle of aftershave (optional, but if you are going to use it, it should be of the client's choosing)
  - Begin by placing your client in a sitting position and support their back.
  - Fill the basin with warm water (about 40-41 degrees Celsius) approximately half way. Add 30cc's of the moisturizing lotion to the water. Place the basin of lotion and water on the bedside table. Soak your washcloths in the warm water. Place one of the towels over the client's chest. Take one of the wash cloths from the water and soak your client's face. This will open the pores and soften the beard. Apply a generous amount of shaving cream over the area that is to be shaven. Use care in the application of the shaving cream to avoid contact with the client's eyes and mouth.
  - Use a new razor for each shave to ensure proper sharpness of the blades. You may begin at any point, but it is easier to work from left to right or from right to left, starting from the base of the desired side burns, just in front of the ear. When shaving your client, shave in a lateral or descending motion. In some instances it is necessary to shave in an ascending motion. In this case it is pertinent for you to use extreme caution. The more experience you have in shaving will dictate when it is appropriate to use an ascending motion versus a lateral or descending motion.
  - If your client has wrinkles it is necessary to straighten the wrinkled skin out as much as possible with your free hand. Use care when doing this to avoid pinching your client.

### Dressing

An in-home personal care service worker may assist a client with dressing. This may include assistance with ordinary clothing and application of support stockings- the type that can be purchased without a physician's prescription. An in-home personal care service worker may not assist with application of an Ace bandage and anti-embolic or other pressure stockings that can be purchased only with a physician's prescription.

### Feeding

Assistance with feeding may generally be performed by an in-home personal care service worker. In-home personal care service workers can assist clients with feeding when the client can independently swallow and be positioned upright. Assistance by an in-home personal care service worker does not include syringe, tube feedings, and intravenous nutrition. Whenever there is a high risk that the client may choke as a result of the feeding, the client

should be in the care of an agency licensed as a home health or home nursing agency to fulfill this function.

### Ambulation

An in-home personal care service worker may generally assist clients with ambulation. Clients in the process of being trained to use adaptive equipment for ambulation, such as a walkers, canes, or wheelchairs, require supervision by an agency licensed to provide home health or home nursing services during the period of their training. Once the prescribing individual or the health care provider responsible for the training of the client is comfortable with releasing the client to work on their own with the adaptive equipment, an in-home personal care service worker may be assigned to assist with ambulation.

- Purpose of ambulation:

The term ambulate means to walk. Ambulating the client keeps him/her more active and improves muscle tone and strength in their legs. It also slows the loss of bone mass and density related to osteoporosis. The client who is up walking has increased peristalsis and circulation. The client also gets a sense of accomplishment and maintains greater independence.

- Reasons why clients may need assistance with ambulation:

Some clients who have been ill or are recovering from an injury or surgery may need help with walking. The client may have decreased muscle strength or a change in their center of gravity or posture. Some clients need help with ambulation because of a decrease in their sensory perception or impaired balance. Confusion, medications, and distractions can all affect a client's ability to walk independently.

- Caregiver's responsibilities when ambulating a client:

Be aware of safety considerations and use good body mechanics when ambulating a client. Dress the client appropriately. Clients should wear stockings or socks and nonskid shoes to prevent falls. Allow the client to sit on the side of the bed before ambulating to allow time for them to gain their balance.

NOTE: ALWAYS USE A GAIT BELT PER IN-HOME PROVIDER'S POLICY AND THE SERVICE PLAN.

Make sure objects and other people are out of the way and that there are no slippery floors. Ambulate the client in an uncluttered area. Have a chair ready for the client at the end of the ambulation.

### Exercise

An in-home personal care service worker may assist a client with exercise. Assistance with exercise that can be performed by an in-home personal care service worker is limited to the encouragement of normal bodily movement, as tolerated on the part of the client, and encouragement with a prescribed exercise program. Passive range of motion (PROM) may not be performed by an in-home personal care service worker.

### Transfers

An in-home personal care service worker may assist with transfers only when the client has sufficient balance and strength to reliably stand, pivot, and assist with the transfer to some extent. Adaptive and safety equipment may be used in transfers, provided that the client is fully trained in the use of the equipment and can direct the transfer step by step. Adaptive equipment may include but is not limited to, wheelchairs, shower chairs, and grab bars. Gait belts may be used in a transfer as a safety device for the in-home personal care service worker as long as the worker has been properly trained in its use. In general, assistance with transfers may not be performed by an in-home personal care service worker when the client is unable to assist with the transfer. In-home service workers, with training and demonstrated competency, may assist a client in a transfer involving a lift device.

- Procedure for assisting a client to transfer using a transfer (slide) board:

- Gather necessary equipment.
- Wash your hands.
- Explain what you are going to do to the client.
- Provide privacy.
- If using a hospital bed, adjust bed height to low positions and lock brakes.
- Position the wheelchair next to the bed with the back of the chair in line with the headboard of the bed.

Lock the brakes on the wheelchair.

- Remove the wheelchair arm on the side of the chair closest to the bed.
- Assist the client to a sitting position.
- Place one end of the transfer board under the client's hip closest to the wheelchair. Place the other end of the transfer board on the edge of the wheelchair seat.
- Assist the client to reach across the wheelchair and grasp the attached wheelchair arm.
- Assist the client to slide their body across the board on to the wheelchair seat.
- During the transfer, support the client's legs and place their feet on the wheelchair foot rests.
- Remove the transfer board and replace the wheelchair arm.
- Make sure that the client is comfortable and that clothing is not wrinkled or bunched under them.
- To return the client to the bed, reverse the above procedure assisting the client to grasp the overhead trapeze bar on the bed and slide from the wheelchair seat onto the bed.
- During the transfer support the client's legs and place their legs and feet on the bed.
- Remove the transfer board and replace the wheelchair arm. Store the transfer board.
- Make sure that the client is comfortable and that clothing is not wrinkled or bunched under them.
- Wash your hands.

### **Toileting**

An in-home personal care service worker may assist a client to and from the bathroom, provide assistance with bedpans, urinals, and commodes, perineal care, or changing of clothing and pads of any kind used for the care of incontinence.

An in-home personal care service worker may empty or change external urinary collection devices, such as catheter bags or supra-pubic catheter bags. In all cases, the insertion and removal of catheters and care of external catheters is considered skilled care and may NOT be performed by an in-home personal care service worker.

An in-home personal care service worker may empty ostomy bags and provide assistance with other client-directed ostomy care only when there is no need for skilled skin care or for observation or reporting to a nurse. An in-home personal care service worker may NOT perform digital stimulation, insert suppositories, or give an enema.

- Things that may cause problems with toileting/continence:
  - Insufficient intake of fluids/dehydration
  - Intake of diuretic-containing fluids such as coffee, tea, cocoa, beer, or colas
  - Infections
  - Side effects of medications
  - Chronic illness
  - Inability to recognize the sensation of needing to go to the toilet
  - In men- prostate problems
  - In women- constipation or weak pelvic muscles
  - Inability to find the bathroom or having too far to go.
  - Trouble undressing
  - A bed that is too high or chairs that are too soft to get out of in time
  - Lack of privacy
  - Poor lighting

- Inability to find the toilet (i.e. white toilet, white floor, white walls)
- Restraints
- The task is too difficult or has too many steps
- Need for assistance with clothing
- Unfamiliar caregivers may cause anxiety or fear.
- Inability to remember what to do once in the bathroom
- Feeling rushed
- Inability to express the need to go
- Tips and techniques:

Learn to recognize the nonverbal cues a person gives about needing to go to the toilet and respond to them quickly. Other tips include:

  - Urinary Incontinence
    - Schedule frequent visits to the toilet.
    - Recognize that when a person starts to fidget or pick at his or her clothing near the groin, it may signal a need to urinate.
    - Urinary incontinence can be coped with by using adult absorbency pads. Covering the pads with regular underwear helps a person feel less childlike.
    - Change incontinence underwear often. Keep skin clean and use lotions and powders (or cornstarch) to protect the skin.
    - Look for a pattern of where/when accidents happen.
    - Make sure the person has adequate fluid intake.
    - Have signs with words and pictures to identify the bathroom.
    - Make sure clothes are easy to get on and off.
    - Put a commode next to the bed at night.
    - Provide adequate lighting to and in the bathroom.
    - Nighttime incontinence can be lessened by withholding fluids at night and by using a pad.
  - Constipation:
    - Make sure a person with Alzheimer's Disease drinks plenty of liquids. This is important to maintain adequate hydration and help prevent constipation.
    - Make sure the person in your care drinks five to eight glasses of water, tea, mineral water, or juice every day.
    - Regular activity, such as a daily walk, can help.
  - Bowel Incontinence:
    - Make sure the bowel incontinence is not due to fecal impaction or drug side effects.
    - It is possible to manage bowel incontinence by monitoring diet. Learn a person's bowel regimen and lengthen toileting at that time.
    - Cleanliness is the goal. To avoid serious skin problems, daily bathing and a regular change of clothes are essential.



### **Medication Reminders**

An in-home personal care service worker may assist a client with medication reminding only when medications have been preselected by the client, a family member, a nurse, or a pharmacist, and are stored in containers other than the prescription bottles, such as medication minders. Medication minder containers must be clearly marked as to day and time of dosage, and reminding includes: inquiries as to whether medications were taken, verbal prompting to take medications, handing the appropriately marked medication minder container to the client, and opening the appropriately marked medication minder container for the client if the client is physically unable to open the container. These limitations apply to all prescription and all over the counter medications. Any irregularities noted in the pre-selected medications, such as medications taken too often or not often enough, or not at the correct time as marked in the medication minder container, shall be reported immediately by the in-home personal care service worker to the supervisor.

### **Respiratory Care**

Respiratory care is considered skilled care and may NOT be performed by an in-home personal care service worker. Respiratory care includes postural drainage, cupping, adjusting oxygen flow within established parameters, nasal and tracheal suctioning, and turning off or changing tanks. However, in-home personal care service workers may temporarily remove and replace the mask from the client's face for the purpose of shaving, washing a client's face, or providing oral suctioning.

### **Positioning**

An in-home personal care service worker may assist a client with positioning when the client is able to identify to the in-home personal care staff verbally, non-verbally, or through other forms of communication, when the position needs to be changed AND only when skilled skin care, as previously described, is not required in conjunction with the positions. Positioning may include simple alignment in a bed, wheelchair, or other furniture.