

Partners in Quality Care

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Assisting Clients with Bathing and Personal Hygiene

Assisting clients with bathing and personal hygiene involves knowledge, skills, abilities and attitude. Be sure to review your agency policies and procedures on skills required for bathing and personal hygiene and ask your supervisor if you have questions.

Knowledge, skills, abilities, attitude:

- Knowledge- what you need to know related to the human body and infection control
- Skills- what you need to know to carry out the tasks of bathing and personal hygiene related to the tasks and keeping your clients safe
- Abilities- example- what type of physical abilities you need depending on your particular client needs as well as abilities to document observations and tasks provided
- Attitude- how you feel about taking care of the personal needs of another person and having empathy to maintain the dignity of the person that you are assisting during the process

A recent U.S. Census Bureau report, "An Aging World: 2015", found that the world's aging population is growing at an "unprecedented rate." Currently, 8.5 percent of the world's population is over 65 years old, and that percentage is estimated to approach 17 percent (1.6 billion) by 2050. The Census report was commissioned by the National Institute on Aging (NIA), part of the National Institutes of Health.

Objectives:

- *Assisting clients with bathing and personal hygiene
- *Bathroom hazards with bathing and toileting
- *Knowledge, skills, abilities and attitude involved in assisting clients with bathing and personal hygiene
- *Infection control reminders



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Infection Control Reminders:

- Use gloves when- giving personal care to clients with open sores in mouth or on skin, giving perineal care; handling clothing, towels, or washcloths soiled with blood or body fluids; giving mouth care; shaving client with a blade razor
- Wear protective eyewear when giving mouth care or when flossing teeth, if there is a risk of splashing or spraying
- Keep client's clothing, towels, and washcloths off the floor, even when soiled
- Place soiled clothing in container and bring to laundry area immediately to be washed
- Keep client's personal grooming items (e.g., comb, toothbrush, denture box) separate from other family members' items
- Clean bathroom after bath per plan of care

Observe- While assisting clients with a bath look for any skin changes such as redness, rashes, breaks in the skin, lesions, bruises or other changes in skin to report to the agency supervisor.

General principles for bathing clients or assisting them to bathe:

- Be organized; have the necessary supplies at hand.
- Practice standard (universal) precautions when blood/ body fluids are present. Wear gloves. Talk with your supervisor about infection control practices in providing personal care.
- Provide privacy; do not expose the client's body unnecessarily.
- Prevent chilling, keep client covered as much as possible and avoid drafts. Be sure to check water and room temperature.
- Work efficiently and practice safety precautions.
- Wash from clean to dirty areas.
- Change bath water when it becomes too soapy or cool or becomes contaminated with body secretions.
- Prevent falls by following rules of safety. Review the bathroom hazards information on page 3 of the newsletter.
- Use good body mechanics.
- Keep soap in dish, not in bath water.
- Encourage client to do as much as possible according to the plan of care and physical condition.
- Rinse the skin thoroughly. Wash off soap which can be drying and irritating; pat the skin dry, be gentle.

If your clients do not want to bathe, try to find out why. They may be afraid of falling in the bathroom, they may have pain, or they may be too tired. Do not force your client to bathe or criticize him or her for not bathing. Discuss the situation with your supervisor. There may be alternate bathing techniques that can be used.

Bathing- more than cleaning the skin!

The bath has many purposes, including:

- Cleansing the skin; removing bacteria
- Preventing body odor
- Stimulating circulation
- Moving joints and muscles
- Observing the client's skin
- Communicating with the client
- Preventing pressure ulcers
- Providing comfort and a sense of well-being

The frequency of the bath depends on the plan of care and the needs of the client. For example, some clients may take a tub bath or shower only twice a week. This includes older adults with very dry skin and clients who are very weak and tire easily. Others with limitations, such as those with casts, recent surgical incisions and traction, will not follow a pattern of daily bathing. Incontinent clients will need to be bathed each time the skin becomes soiled to prevent skin irritation and breakdown.

Shaving-

Men usually shave their beards daily. Women may shave their legs and underarms when necessary. Most clients will shave themselves. This provides good exercise for the shoulders and upper arms.

Assist clients, as necessary, *according to the plan of care*. Electric or blade razors may be used. **Corded (plug in) electric razors should not be used when the client is receiving oxygen because there is danger that an electrical spark could cause a fire.** Rechargeable electric razors may be used. **Blade razors should not be used when the client is taking certain types of medications because of danger of bleeding or infection (such as blood thinners).** Check with your supervisor for your particular client if shaving is required. Wear disposable gloves when using a blade razor to shave a client.

Soften facial hairs with warm water before shaving. Beards and moustaches should be washed with soap and water, dried, and brushed or combed. Check with the client regarding any special care for facial hair. Trimming may be done by the client with special clippers, or the barber may visit. Shaving may be done at the sink, bedside, or in bed. Gather all materials needed and place within the client's reach.

Never give a tub bath or shower unless it is written in the plan of care. Remember to use good body mechanics and be extremely careful when transferring clients in and out of the tub/shower. Notify your supervisor if you are having difficulty transferring your client into the tub or shower. See bathroom safety hazards on page 3!

Bathing is important, but a lot of people do not like having someone else bathe them. If you pay attention to these key areas, you can assist the client to bathe, respecting his dignity and comfort. Here's how.

To get ready:

Check the client's plan of care to see what kind of bathing you may assist with.

Make sure you have been approved for the type of bath required, has your agency supervisor provided competency training as needed and testing for the skill?

Get all the things you'll need before you start.

To treat the client with respect:

Before starting, ask the client if he/she is ready for bathing.

Confirm with the client what you will do.

Support the client to do as much as he or she can.

Give him/her as much privacy as possible.

To keep you and the client safe:

Follow safety rules for infection control.

Use good body mechanics.

Watch out for **wet spots** on the floor or objects that might make you or the client fall. **Assure bath water is not too hot, this is especially important if the patient has decreased sensation (paraplegia, diabetic neuropathy, etc.) and cannot identify that the water is too hot.**

To keep the client from getting cold:

Work as quickly as you can, but without making the client feel rushed.

Add warm water to a tub bath as needed.

Keep the client covered when you are assisting him/her to dry off.

These devices make it easier for the client to bathe him- or herself:

Long-handled sponges make it easier for the client to get clean.

Safety strips in the shower or tub help prevent falls:

Safety bars give the client a firm place to grab.

Shower chairs let the client sit safely in the shower.

Toothbrush holders allow the client to put toothpaste on the toothbrush with only one hand.

Extra-long handled brush and comb make it easier for the client to do their own hair.

Extra-large handled brush, comb, and toothbrush holder are easier for the client to hold and use.

Sources- American Nurse Today, January 2015, How to succeed as a home care nurse, Tina Marrelli, MSN, MA, RN, FAAN; Mosby's Textbook for the Home Care Aide, third edition; NC DHSR NAI state approved curriculum module X: NC Personal and Home Care Aide State Training (PHCAST) Phase II Module 10; The Private Duty Source, a publication of the Private Duty Home Care Association- (April 21, 2016).

These devices assist the client to get dressed:

Button hooks or fasteners make it easier to open and close buttons.

Long-handled shoe horns make it easier to put on shoes.

Sock pullers make it easier to put on socks.

Zipper pullers make it easier to open and close zippers.

Oral Hygiene (mouth care)

Oral hygiene means cleaning the mouth, teeth, gums, and tongue to remove pieces of food and bacteria. This helps prevent tooth decay, gum disease, and mouth odor. Oral hygiene also gives the mouth a clean feeling and a good taste. Because the mouth is the first organ of the digestive system, a clean and healthy mouth is important for good nutrition.

Follow the plan of care regarding the type of mouth care and the amount of assistance needed.

Observe the client's mouth, gums, lips, and teeth for any signs of irritation, loose teeth, bleeding gums, or sores. Report unusual findings to your supervisor.

Oral hygiene is usually given in the morning on awakening, after meals, and at bedtime.

Bathroom hazards!!

According to an excerpt from a CDC report:

In 2008, an estimated 234,094 nonfatal **bathroom injuries** among persons 15 years and older were treated in U.S. Emergency Departments.

Injury rates increased with age.

Falls were the most common primary cause of injury (81.1%), and the most frequent diagnosis was contusions or abrasions (29.3%).

The highest rates were for injuries that occurred in or around the tub or shower and injuries that happened on or near the toilet.

The triggering events in 37.3% of injuries were **bathing** (excluding slipping while bathing), showering, or **getting out of the tub or shower**.

Only 2.2% occurred while getting into the tub or shower.

The triggering event for 17.3% of injuries was slipping, **which included slipping while bathing**.

14.1% occurred when standing up from, sitting down on, or using the toilet.

Tips for Maintaining the Client's Dignity while Assisting with Dressing

- Ask the client what he or she would like you to do to assist.
- Support the client in doing as much as they can.
- Ask the client to choose their clothes.
- Provide privacy in the room—close doors or curtains.
- Provide personal privacy by undressing and dressing one part of the body at a time, as instructed by the client.
- Offer a blanket or towel to cover exposed parts of the body.
- Keep eye contact, so the client won't feel like you are staring at their body.
- Keep communicating.

Other tips:

- If the client has pain, assist them to dress *after* they have had pain medication.
- Lay clothing out in the order you will use it.
- Clothes should be easy to put on and take off—the correct size or one size larger.
- Put clothing *on* weaker side first.
- Take clothing *off* stronger side first.
- Go slow; let the client set the pace.

Foot Care- Tips: follow the plan of care and your agency policies and procedures and ask you supervisor about foot care for your specific client:

- Areas between toes can harbor microorganisms if not kept clean and dry
- Dirty feet, socks or stockings harbor microbes and cause odors
- An injury to the foot would be a point of entry for infection
- NEVER cut or trim toenails; notify nurse if they need trimming (follow agency policies and procedures)
- Check plan of care for diagnosis of diabetes and be aware to inspect feet for sores, redness, etc. and report to supervisor
- Smooth, short nails help prevent injury
- If an injury occurs during foot care, report it immediately
- Feet can burn easily because an older client cannot feel hot temperatures
- For a client who has diabetes, an infection can lead to a severe wound or amputation if the skin is broken
- Document anything unusual that happens during foot care and per agency policy
- Report and record reddened, irritated or calloused areas, breaks in skin, corns, very thick nails and loose nails
- Observe and report any changes in foot condition to nurse

