

PRINCIPLES OF CAREGIVING DEVELOPMENTAL DISABILITIES MODULE

CHAPTER 7: DAILY LIVING

FACILITATOR GUIDE

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Estimated time for this chapter: 3 hours (varies with number of participants)

Needed Materials:

1. Facilitator Guide
2. Participant Guide
3. Equipment: wheelchair, gait belt, walker, bed and bedding, clothing, food items, plate, cup, flatware, toothbrush / toothette, toothpaste

**COMPETENCIES:
(TO KNOW OR BE ABLE TO:)**

1. Give examples of techniques that can be used to promote independence and respect a person's preferences (for example, at mealtimes).
2. Identify resources to identify an individual's mealtime needs.
3. Identify characteristics of people at risk for choking.
4. Identify choking prevention measures a DCW can use during mealtime.
5. Give examples of techniques that can be used to preserve dignity and privacy while providing personal care.
6. List risk factors for skin breakdown.
7. Explain the importance of repositioning and list techniques for preventing skin damage and pressure ulcers.
8. Identify and describe common assistive devices, including gait belt, walkers and wheelchairs.
9. Explain the importance of proper transfer skills and the safe use of assistive devices.
10. Identify issues related to providing assistance with bathing and using the bathroom.
11. Describe and role-play techniques for positioning and transferring a person.
 - a. Use of gait belt.
 - b. Assistance with ambulation (with/without assistive devices).
 - c. Techniques for positioning a person in bed.
 - d. Techniques for positioning a person in a wheelchair.
 - e. Transfer in and out of a wheelchair (with or without assistive devices).
 - f. Transfer out of bed (sofa).
12. Simulate/role-play or describe assistance with ADLs.
 - a. Assistance with dressing.
 - b. Assistance with meals (total assistance/feeding, and prompting, hand-over-hand assistance).
 - c. Assistance with brushing teeth.

KEY TERMS:

Activities of daily living (ADL)	Incontinence
Ambulation	Pressure sore (ulcer)
Assistive device	Range of motion exercises
Choking	Skin integrity
Contracture	Transfer, transferring
Gait belt	Walker
Grab bar	Wheelchair

A. INTRODUCTION

Facilitator Note:

Activities of daily living skills (ADL) are functional skills required for a person to live independently. Supporting a person with ADLs is a key component of a DCWs responsibility. In this section we will discuss ways to provide assistance that promotes self respect, self determination and as much independence as possible.

1. Activities of Daily Living (ADLs)

ADLs are considered a person's basic, self-care tasks. They include the ability to:

- a. Dress
- b. Eat
- c. Walk and transfer
- d. Use the restroom (toilet)
- e. Take care of hygiene needs (e.g., bathing, grooming)

In addition, there are the Instrumental Activities of Daily Living (IADLs). These activities are important for the individual to function in the community:

- a. Shop
- b. Keep house (clean, do laundry)
- c. Manage personal finances
- d. Prepare food
- e. Transport (e.g., driving)

This chapter focuses on the **personal care needs (the ADLs)** and how to provide assistance to meet those needs. Assistance with some of the IADLs (housekeeping, food preparation) is addressed in the Fundamentals course book.

2. Following Support Plans

The planning process will identify individualized supports that are important in assisting the person to obtain his or her goals. Supports can include assistance with personal needs, or activities of daily living. The support plan describes the person's abilities and needs.

Facilitator Note:

Supports provided through Home and Community Based Services (HCBS) may include:

- Respite: Supervise and care for an individual in order to relieve the primary caregivers.
- Attendant Care: Assist a person to attain or maintain safe and sanitary living conditions and/or maintain personal cleanliness and activities of daily living. An attendant care agreement is created specific for each individual, outlining the DCW's tasks.
- Habilitation: Teach and assist a person in learning a skill.

Components of the support plan that help identify areas of assistance include:

- The Action Plan section identifies areas and skills the individual and planning team have identified that will assist with skills acquisition to move the person towards independence. This is where the team documents specific teaching plans or outcomes. Division-funded outcomes or behavior building plan outcomes must be listed here. Additionally, this may include academic goals, self-help goals, or other goals the individual/family have identified to work on privately or with other agencies.

The DCW is responsible for the implementation of the support plan in their area of support. This includes supporting a person with ADL needs. The DCW must follow the agreed upon support plan. If the individual or family wants you to do something that is not in the support plan, you may be opening yourself and the agency to disciplinary and/or liability issues. Contact your supervisor if such a situation arises. (Refer to chapter4 - Support Plans).

3. How much assistance is enough?

When supporting ANY individual, regardless of condition, whether a family member or a consumer, the DCW should remember to support the person to remain as independent as possible. Consumers should be encouraged to do as much as they can for themselves. The DCW can find out how much assistance is needed by:

- a. Reviewing the support plan for instructions. Check to see if the person is independent or needs minimum or total assistance for tasks.
- b. Asking the consumer/family to determine what they can do. Assist but don't take over the task.
- c. Observing what the person can do and what he/she can learn.
- d. Continuing to communicate with the consumer and family – needs and abilities may change, sometimes daily.

Facilitator Note:

Standardized Testing

- Can be used in evaluating an individual's capacity for self-care and his or her ability to function independently in the context of everyday living.

Interviews

- Speak directly with the person about those daily living skills and community living skills that are the most important for living for the individual's living situation.
- Interview parent(s) for input of those daily living skills and community living skills they feel are most important for the person receive assistance.

File Review

- Documentation from previous assessments conducted by other support providers.
- Any previous medical assessments or documentation.
- Any previous educational assessments or documentations.

Conduct formal or informal observations

- Observe the person performing daily living activities.
- Simulated task observation is an alternative if you are unable to witness actual ADL skills being performed, e.g., meal preparation, grooming, etc.

Therapist evaluations (OT, PT, etc.)

- Review therapy evaluations and assessments.
- Talk with therapist about ways to assist the person with ADLs.

Optional Activity:

- Have participants break up in groups.
- Have each group identify five key words that would describe a caregiver.
- Have each group identify five key words that would describe a direct support professional.
- Have each group take a list of skills:
 - Tooth Brushing
 - Dressing
 - Bathing
 - Eating
- Have each group identify how they would approach each skill differently based on the approach as a caregiver compared to an approach as a direct support professional.

In summary, your role as a direct support person is to promote and encourage as much independence and personal growth. We do not want people we support to become more reliant on others. We want to build self-esteem, self-determination and purpose in life.

B. MEAL ASSISTANCE

Direct Care Workers may help individuals at mealtimes. Whenever possible, the individual should eat with a minimum of assistance. If needed, adaptive equipment should be available to the person to encourage self-feeding. Feed a person only if he/she is unable to do so.

1. Assisting with setting up a meal

- The individual should be sitting with his/her head elevated to prevent choking.
- Cut meat, open cartons, butter bread if assistance is needed.
- Use clock description for a person with a vision impairment (e.g., meat is at 12:00; salad is at 4:00, etc.).

2. Assistance with eating

Providing assistance with eating and/or feeding a consumer is a skill that many Direct Care Workers will use on a daily basis. The purpose of this skill is to ensure that the DCW knows the correct technique for assisting with and/or feeding another individual.



Procedure: Assisting with Eating:

Supplies

- Spoon and/or fork, napkin, bowl or plate, clothing protector, cup.
- Food items.



Description of Procedure

1. Maintain dignity and safety of at all times.
2. Check support plan (risk assessment) or with supervisor to determine if choking hazard exists and to verify the consistency of food required. Check if any foods are prohibited due to allergy or choking hazard.
3. Ensure that you cut up meat, open cartons, butter bread, etc. if that type of assistance is needed.
4. Sit next to the individual at eye level.
5. Ensure that the individual is sitting with his/her head elevated to prevent choking.
6. Provide **ONLY** the amount of assistance that is necessary (graduated guidance, hand over hand, etc). **Encourage the person to be as independent as possible.**

7. Check the temperature of food before you begin. Feel the container, observing for steam, to ensure the food is at an acceptable temperature.
8. Explain what foods are on the plate. For someone with a visual impairment, use the clock description method (i.e., "Your meat is at 12:00, vegetables are at 3:00," etc.).
9. Ask the individual what he/she wants to eat first.
10. Watch the individual to make sure food is swallowed before giving additional food or fluids. Remind the individual to chew and swallow as necessary.
11. Offer liquids at regular intervals.
12. Engage the person in pleasant conversation while completing this task, but don't ask questions that take too long to answer.
13. Do not rush the individual.
14. Once the meal is complete, ensure that you help the individual in wiping his/her face and washing hands as necessary.

Practical Tips:

- Be aware of how the individual may be feeling in regards to needing assistance. Allow the person to make their own food choices; give options and respect preferences.
- Be aware of any issues causing the individual to tire or get frustrated easily.
- Pay special attention to individuals who may present a choking hazard.
- Ensure that you are communicating with the individual about the pace in which you are feeding or assisting him/her with eating.

Don't forget!

- Don't do everything for the person just because it is faster for you. Only provide the assistance that is truly needed.
- Don't assume the individual likes every item that has been served.
- Don't treat the person like a child. For example, do not wipe person's mouth with the spoon.
- Serve food in proper consistency to avoid choking.

3. Feeding a person who has difficulty swallowing (Dysphagia)

- Position the person upright in a chair to prevent choking or aspiration (inhaling liquids).
- Keep the person oriented and focused on eating.

- Help him/her control chewing and swallowing by choosing the right foods (a diet containing food with thick consistency, which is easier to swallow) such as:
 - o Soft-cooked eggs, mashed potatoes and creamed cereals
 - o Thickened liquids are often used.
- A variety of textures and temperatures of foods stimulate swallowing; vary foods offered from the plate.
- At times dysphagia is temporary. A person who is temporarily ill may have difficulty swallowing, which improves after recovery from illness.

4. Feeding an individual who has a cognitive disability

- Avoid changes. Seat the person at the same place for all meals.
- Avoid excessive stimulation. Too much activity and noise often adds to confusion and anxiety. Remove distractions, if possible, and gently refocus the person.
- Meals should be ready to eat when the person is seated (e.g., meat is cut, bread is buttered, etc.).
- Avoid isolating the person. Isolation leads to more confusion.
- Call a person by a name he/she prefers. Achieve and maintain eye contact.
- Use a calm voice; speak softly, slowly, clearly and face the person.
- Keep communication simple. Use simple, short instructions such as “pick up your fork,” “put food on your fork,” “put the fork in your mouth.”
- Use objects or hand movements to help with cueing.

5. Risk factors for choking

Choking is a blockage of the upper airway by food or an object that prevents someone from breathing. It is a medical emergency that requires fast action. This includes an immediate call to 911, followed by efforts to dislodge the object that is causing the choking. Choking is a major cause of medical injuries, but it can be prevented.

Direct Care Workers must review the individual support plan’s risk assessment document to identify risk factors related to mealtime and choking. They also must verify with the individual/family any mealtime instructions – **including choking risks.**

Why are individuals with developmental disabilities at risk of choking?

People with developmental disabilities share a number of common characteristics that place them at high risk for choking/aspirating, to include:

- Decreased or absent protective airway reflexes as occurs in cerebral palsy.

- Poor or underdeveloped oral motor skills that do not permit adequate chewing or swallowing.
- Gastroesophageal reflux disorder (GERD), which may cause aspiration of refluxed stomach contents.
- Seizures.
- Inability to swallow certain fluid consistencies and/or food textures.
- Medication side effects that decrease or relax voluntary muscles, causing delayed swallowing or suppression of the protective gag and cough reflexes.
- Impaired mobility, which may leave individuals unable to properly position themselves for adequate swallowing.

Signs of choking:

- Inability to talk.
- Wide-eyed panicked look on face.
- Difficulty breathing or noisy breathing.
- Inability to cough forcefully.
- Skin, lips, or nails turning blue or dusky.
- Loss of consciousness.

Food that commonly causes choking:

- Sandwiches, for example: peanut butter and jelly sandwiches.
- Meat: steak, hamburgers, hotdogs and chicken.
- Vegetables, particularly when they are uncooked.
- Fruit, particularly fruits with their skin on.
- Snack food: popcorn, nuts, hard candy, chewing gum, and raisins.
- Burritos.

Special Risks for People with Swallowing Disorders

People with swallowing disorders are at a higher risk of aspiration of food and liquids (breathing food into the lungs). Food that is difficult to chew or swallow because of its shape, size, or texture further increases the risk of aspiration or choking.

People with swallowing disorders should avoid the following types of food:

Hot dogs	Marshmallows	Hard Candy	Potato Chips
Tossed Salad	Meat Chunks	Raw Apple	Chewing Gum
Chicken on bone	Corn Chips	Pretzels	Nuts (all types)
Popcorn	Hard Beans	Thick Chewy Bread	Tortilla Chips
Bagels	Grapes	Raw Carrots	Caramel
Raisins	Canned Fruit	Celery	Rice

Common causes of choking

Eating and chewing:

- Eating or drinking too fast.
- Placing too much food in one's mouth.
- Not chewing food well enough prior to swallowing.
- Swallowing inedible objects.
- Teeth-related factors, for example:
 - o Having no teeth.
 - o Having only a few teeth or a tooth ache, which may cause someone to not chew his or her food properly.
 - o Dentures can make it difficult to sense whether food is fully chewed before it is swallowed.

- o If dentures fit poorly or hurt, individuals may not chew their food or may not wear the dentures at all.

Distractions:

- Inattention to eating.
- Laughing or talking while eating.
- Walking, playing or running with eating utensil or objects in mouth.
- Distractions by other persons or activities.
- Food stealing.

Diet:

- Incorrect diet texture - liquids or food items not prepared in accordance with prescribed diet.
- Eating something with two or more diet textures, especially anything with a thin liquid and a solid component, such as cereal and milk.

Staff assistance:

- Inadequate supervision.
- Inadequately trained staff.
- Not familiar with prescribed diet.
- Poorly assisted eating techniques.
- Poor positioning.

What to do if someone chokes:

Anyone unable to cough forcefully, speak or breathe may be choking.

Immediately call 911!

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6. Encouraging intake and appetite: appeal to all the senses

- Pay attention to the presentation of food. Set the table with tablecloth and/or placemats.
- Have a meal with a theme such as South of the Border or Italian.
- Keep the table conversation positive and pleasant (Never say, “If you don’t eat, you won’t get dessert.”).
- Make sure eyeglasses are on and clean (increases visual appeal).
- May need to increase spices to make food more appealing.

7. Assistive devices

Encourage each person to eat as independently as possible. This supports a person’s self sufficiency, self-esteem and can save time. Sometimes a person may need to be fed or “guided” through a meal. The following are general considerations:

- Provide adaptive devices, such as a rocker knife, which allows one-handed cutting.
- Provide foods that do not require use of utensils (e.g., “finger” foods, soup in a mug).
- Build up handles on utensils to make them easier to grasp.
- Use contrasting colors in place setting.
- Be consistent in placing food on a plate and on the table in specific order. For example, potatoes are at the 3:00 o’clock, meat is at 9:00 o’clock position, for visually impaired persons.

Facilitator Note: Optional Activities:

- Break the class up into small groups play a “game show” on assisting with meals.
 - o Each group has one representative respond to each question.
 - o The first person to respond with the correct answer earns a point for their team.
 - o The time with the most points wins the game.
- **Possible Questions**
 - o Identify 3 resources to that will provide information on an individual’s mealtime needs.
 - o Identify four characteristics of people at risk for choking.
 - o Give examples of four techniques that can be used to promote independence and respect a person’s preferences when assisting a person at mealtime.
 - o Give examples of three adaptive devices that can be used at mealtime to help a person maintain independence.

C. ASSISTANCE WITH MEDICATION SELF-ADMINISTRATION

A critical responsibility of a Direct Care Worker's job is ensuring the health and well-being of the individuals you support. In some cases, this includes ensuring that medications are taken correctly.

If you are ever unsure about any aspect of assisting a person to take his/her medication(s), stop, contact your supervisor or other person designated by your agency, and get clarification before you continue.

1. Definitions

Assistance means the help or aid necessary to complete a function or a task.

The Direct Care Worker may provide the assistance necessary for a person to take his/her medication.

Direct self-care means a person is able to recognize danger, summon assistance, express need, and make basic care decisions.

A person who is able to "direct self-care" can instruct the Direct Care Worker to assist by opening the medication bottle; placing the medication in his/her mouth and providing a drink of water.

Directed care services means programs and services, including personal care services, provided to persons who are incapable of recognizing danger, summoning assistance, expressing need or making basic care decisions.

When providing "directed care services," the Direct Care Worker may provide assistance by taking direction from the responsible person, including providing the help necessary for the person to take his/her medication.

Documentation means written supportive information.

The Direct Care Worker must keep documentation by recording the date and time of day when assistance with medication self-administration was provided.

2. Where to find information about providing assistance with medication self-administration

The person's Individual Support Plan (ISP) provides support information about medication(s) taken and the amount of assistance needed for medication self-administration. The ISP states whether the consumer needs assistance in the self-administration of medication and any special instructions about the type of assistance:

- a. Requires no assistance in the self-administration of medication or medication administration;
- b. Needs assistance in the self-administration of medication, which can include:
 - Reminding a consumer that it is time to take a medication;
 - Opening a medication container for a resident;
 - Pouring or placing a specified dosage as instructed by the consumer into the consumer's hand;
 - Observing the consumer while the medication is taken; or
 - Assisting the consumer to take the medications that have been prepared in advance in a medication organizer by the responsible person.
- c. Needs total assistance, which includes use of medication organizers.
 - Medication organizers may be prepared in advance by the responsible person. There need to be clear, simple instructions from the responsible person. Example: The medication needs to be in a container that is clearly marked, "Please give to my mother at 10 am with a glass of water." (Only the exact dose is in the container so that the DCW does not have to decide how many pills to use.)

3. What to document

Document that medications were administered according to the consumer's instructions or according to medication organizer date and time, as directed by the responsible person.

4. What you cannot do

- A DCW cannot use professional judgment and cannot make decisions about medications.

- If the consumer does not know which medication is which, the DCW cannot help figure this out.
- If the consumer is confused about dosage/time etc., the DCW cannot help sort it out.

D. SKIN INTEGRITY

Facilitator note:

Introduce this section by explaining the following:

Older adults and persons with disabilities are susceptible to skin problems because of decreased mobility. This can be due to medical conditions, pain, depression, confusion and/or injury. **Therefore, it is critical for a DCW to routinely check a person's skin for any changes and report any changes to his/her supervisor.** Early intervention is of utmost importance in maintaining skin integrity.

Any person who sits still for a long time may be at risk for skin problems. **It is critical for a DCW to routinely check a person's skin for any changes. Report any changes to your supervisor.**



Contact your supervisor before proceeding with any action related to skin problems.

Pressure Ulcers

Facilitator Note:

Pressure ulcers (also called pressure sores or decubitus ulcers) are lesions to the skin caused by unrelieved pressure resulting in damage to underlying tissue. Pressure compresses the skin tissue, causing decreased circulation. This can lead to decreased oxygen and nutrients and ultimately the death of the tissue.

Pressure ulcers are lesions to the skin. They are also called pressure sores or decubitus ulcers. Pressure on the skin compresses tissue and can lead to the death of the tissue.

Common problem sites are bony prominences:

- Tailbone.
- Heels.
- Elbows.

Common sources of pressure are:

- Sitting or lying in one position too long.
- Casts, braces, or crutches that rub.
- Wrinkled bed linens and poorly fitting clothes.
- Moisture and other skin irritants.

Facilitator Notes:

Other Contributing Factors

1. **Friction:** Friction occurs when a person's body rubs against a surface or an object rubs against the skin. For example, sliding a person can scrape or scratch dry, tender skin.
2. **Moisture:** Prolonged exposure to moisture from sweating and incontinence changes the protective nature of skin. Damp skin becomes swollen, soft and irritated, making it susceptible to sores, rashes, and fungal infections.
3. **Dehydration and poor diet:** Adequate fluid intake is essential to maintaining healthy skin. Water and foods rich in protein and vitamins (especially vitamin C and zinc) help the body resist trauma, fight infection and promote healing.
4. **Body weight:** Being overweight or underweight increases the risk of skin problems.
5. **Illness:** Diabetes, heart disease, and poor circulation increase the risk of pressure sores.
6. **Limited mobility and awareness:** Willingness and ability to engage in activities may be reduced by pain, sedation, low energy, or motor or mental deficits.
7. **Irritants:** Chemicals (including urine) and other substances (e.g., anti-bacterial soaps) can irritate and inflame the skin. Allergic reactions can produce rashes. A skin ulcer can form at the site of irritation.
8. **Injury:** The risk of skin breakdown increases at the site of an injury. A burn from a heating pad, a scratch, bruise, or scrape can develop into an ulcer if not properly treated.
9. **Smoking:** Persons who smoke have decreased circulation and heal more slowly.

What you need to look for and report:

- Red skin that stays red.
- Patches of hard skin, blisters, or abrasions.
- Open sores.

Facilitator Notes:

Stages of Skin Damage

Stage I: The skin is reddened and the color does not return to normal 20 minutes after the pressure is relieved. The skin remains intact. In individuals with darker skin, discoloration of the skin, warmth, edema (fluid accumulation), or a hardened area may be indicators.

Stage II: There is partial thickness skin damage, affecting the outermost skin layer (epidermis) and the layer below it (dermis), or both. The ulcer is superficial and looks like an abrasion or blister.

Stage III: This involves the full thickness of the skin, extending into the underlying tissues. This deeper layer of skin tissue has a relatively poor blood supply and can be difficult to heal. The

ulcer is a deep crater with or without undermining (tunneling) of adjacent tissue.

Stage IV: There is full thickness skin loss with extensive destruction, tissue dying (necrosis), or damage to muscle, bone, or supporting structures.

What you can do to prevent pressure ulcers:

- a. **Avoid prolonged exposure:** Remind or help the individual to change position at least every 2 hours. If an area stays reddened for more than 20 minutes, reduce time for changing position by 30 minutes.
 - The person should relieve pressure on the tailbone (from sitting or lying) every 20-30 minutes by pushing up with arms, shifting from side to side, or leaning forward, feet on the floor. Make sure the person does not fall.
 - Encourage mild exercise and activities that do not involve sitting for long periods of time.
 - Be sure bedding and clothing under pressure areas (tailbone, elbows, and heels) are clean, dry and free of wrinkles and any objects.
 - It is the DCW's responsibility to change the person's position at least every 2 hours if the person is unable to do so (for example, an individual who has quadriplegia).
- b. **Avoid skin scrapes from friction.** Consider the following to prevent these scrapes:
 - Follow safe transfer procedures. Do not drag or slide a person across surfaces. Get help or use a lift sheet to turn and move a person in bed.
 - Do not elevate the head of the bed more than 30 degrees. This will prevent sliding in bed and reduce pressure on the tailbone.
 - Prevent the person from sliding down in the wheelchair.
- c. **Protect skin where bones protrude and where two skin surfaces rub together:** Protect the skin with clothing and special pads for elbows and heels. Cushions do not replace frequent positions changes.
- d. **Protect fragile skin from being scratched:** Keep fingernails (yours and the person's) and toenails short. Long toenails can scratch a person's legs.
- e. **Protect skin from moisture and irritants:** Keep skin dry. Be aware of moisture sources, including baths, rain, perspiration, and spilled foods and fluids. Watch for skin irritation from detergent residues left in clothing and bedding.
- f. **Watch for allergic reactions (rashes) from health and personal care products:** Some persons, for example, are allergic to incontinence pads.
- g. **If you see an area is reddened,** provide a light massage **around** the reddened area (not on it), to increase circulation to the area.

E. BATHING, DRESSING, AND GROOMING

1. Skin Care

In general, skin care involves good hygiene, good nutrition, exercise, and preventive measures. It is important to regularly inspect the person's skin for signs of infection or breakdown. Refer to the previous section for more details on prevention of skin damage. As mentioned before, prevention is better than treatment. A DCW needs to be observant to reduce the risk of problems later on.

Facilitator Notes: Skin care tips

- **Aloe Vera gel** (the green gel in the first aid aisle—not the lotion) is very good for use on minor skin irritation such as chafing between the legs, groin folds, or under the breasts. Use as directed. Make sure aloe is listed as the first ingredient. Cheaper products will list water as the first ingredient.
- If a woman does not wear a bra and has large breasts, use a clean piece of 100% cotton material such as a man's hankie or piece of undershirt and place under the breasts after her shower. It will help to keep the skin dry.
- Medicated powder may also work well on minor skin irritation.
- Use lanolin based soap instead of antibacterial or heavily scented soaps. A rinseless soap also works well.

2. Bathing

Bathing provides many benefits:

- Cleansing and removing wastes from the skin.
- Stimulating circulation.
- Providing passive and active exercise.
- Helping a person feel better about him/herself and his/her appearance.
- Providing an opportunity to observe the skin and an opportunity to connect with the person.

Some individuals may be able to bathe without help. Some may need assistance occasionally, and others may need help all of the time. **Encourage as much independence as possible.**

How often a person bathes will probably be between you and the person. A minimum of twice a week is recommended. You should realize that every time an individual bathes he/she washes off natural oils, making the skin drier. The person's bathing patterns, skin type, recent activities and physical condition will all be factors in deciding how often a person bathes.

Provide for safety and comfort:

Note--Tub baths are not recommended for people with certain disabilities or elderly persons because it increases the risk of falls or not being able to get out of the tub.

A rule of thumb: If an individual cannot get in and out of a tub without assistance, then a shower should be done using a shower seat. This is safer for not only the person but the DCW as well. Notify your supervisor if this is an issue.

Assisting with Shower or Bath

It is important to determine the amount of assistance for bathing or showering the person you are supporting requires. The support plan may provide some guidance. You should also discuss directly with the person or family the amount of assistance and supervision the person requires.

After learning the person's individual needs during bathing or showering:

- Find out what skin care products the person uses and gather all bath items needed before starting.
- Allow or assist the person to use the toilet prior to bathing, if needed.
- Protect the person's privacy.
- Always explain to the person what you are going to do.
- Protect the person from falling.
- Use proper techniques when lifting or transferring.
- **Always** check the water temperature before using.
- When providing total assistance with the bath or shower, always start at the head and work down to the feet.
- Encourage the person to help as much as is safely possible.
- Rinse the skin to remove all of the soap.
- If assisting to dry the person, pat the skin dry to avoid irritating or breaking the skin.
- Assist with or bathe the skin whenever feces or urine touch the skin.

Safety measures for tub baths and showers

- Place a mat on the shower floor unless there are non-skid strips or a non-skid surface.
- Drain the tub before the person gets out; cover the person's upper body with a towel for warmth.
- Have the person use safety bars when provided.
- Avoid using bath oils.
- Verify and always provide the amount of supervision the person requires.
- Do not leave weak or unsteady persons unattended.
- Stay within hearing distance of the shower or tub if the person can be left alone by waiting outside the shower curtain or door.

3. Hair Care

Routine hair care involves washing, combing, drying and styling. It can be a very tiring task, even for persons who are independent in most areas. A person may enjoy going to a hair salon or barbershop, or having you assist. Some hairdressers will make house calls, too.

A shampoo can be given in the tub or shower, at the sink, or in bed. Always consider the person's wishes when determining a style. It should be easy to care for and appropriate for the person. The person's own styling equipment (e.g., styling brush, curlers, and hairpins) should be used.

If you assist with hair care, have the needed supplies ready:

- Shampoo, cream rinse or conditioner.
- A plastic container (for rinsing).
- Towels.
- Comb, brush, and possibly a hair dryer.

Caution: If the person has an eye disorder or has had recent eye surgery, consult a health care professional before proceeding with a shampoo. Moving the head into various positions might cause increased pressure on the eye. You may need to avoid this.

4. Dressing

The key to assisting with dressing, as with any of the personal hygiene and grooming tasks, is for a DCW to allow a person to be as independent as possible, even if the person dresses slowly.



Procedure: Assisting with Dressing

Supplies

Articles of clothing client wishes to wear.

Description of procedure

1. Communicate with person about the assistance procedure and expectations.
2. Provide for person's comfort and privacy.
3. Discuss person's preference of clothing. Offer the person a choice of what they want to wear that day.
4. Retrieve the clothing, and lay it out in an orderly fashion.
5. Dress weak side first (if applicable). Put the clothes on the weaker arm and shoulder side first, then slide the garment onto the stronger side. When undressing, undress the strong side first.
6. As much as possible, dress the person while seated. Put on underwear and slacks only up to the client's thighs. To finish, ask him/her to stand, or assist to stand, and then pull up the underwear and slacks.
7. Continue to communicate each step in the process as you go along.

Practical tips

- Always discuss with the person what their preferences are and how they are most comfortable.
- Don't assume a person wants to wear items of clothing that someone else may have chosen for them.
- Be aware of how the person may be feeling about needing assistance.
- Be aware of any issues that could cause the person to get tired or frustrated easily.
- Be pleasant while completing this task, engage the person in conversation.
- Encourage the person to wear clothes with elastic waistbands and Velcro closures.

Don't forget!

- Encourage the person to be as independent as possible.
- Only provide the assistance needed – don't do everything for the person just because it is faster for you.
- If the person has a stronger and a weaker side, put the clothes on the weaker arm and shoulder side first, then slide the garments onto the stronger side. When undressing, undress the strong side first.

5. Shaving

For most men, shaving is a lifelong ritual, and they are able to perform this task despite impairments. The act of shaving, as well as the result, usually boosts morale. A male person should be allowed to shave himself unless it is unsafe for him to do so.

A female person may desire to have legs, armpits or facial hair shaved.

An electric razor is easiest and safest to use. Persons who have diabetes or who take anticoagulants should use an electric shaver. After shaving with the electric shaver, rinse the face with warm water or place a warm wet washcloth over the face and pat dry. If the individual desires, apply after-shave lotion.

6. Nail Care

Nail care for fingers and toes prevents infection, injury, and odors. Hangnails, ingrown nails, and nails torn away from the skin may cause skin breaks. Long or broken nails can scratch the skin or snag clothing. Nails are easier to trim and clean right after soaking or bathing. Nails are trimmed with nail clippers, not scissors. **Some agencies do not allow their staff to clip nails** because using clippers can cause damage to surrounding tissue.

Supplies

- Wash basin with warm water.
- Nail clippers (not scissors).
- Orange stick, emery board or nail file.
- Lotion or petroleum jelly.
- Paper towels.

Procedure

1. Arrange items next to the person. Allow the person to soak nails for 10-20 minutes or do the procedure after a bath. Clean under the nails with an orange stick.
2. Clip nails **STRAIGHT ACROSS** with the nail clippers **if allowed to do so**. Shape fingernails with an emery board or nail file.
3. Apply lotion or petroleum jelly to hands and feet.
4. Clean and return equipment and supplies to their proper place. Discard disposable items.

Do not trim (cut or clip) nails if a person:

- Has diabetes
- Has decreased circulation to the legs and feet
- Takes drugs that affect how the blood clots
- Has very thick nails or ingrown toenails

In these cases, nails should be **filed only** to prevent possible cutting of the skin. If more care is required, a podiatrist should be consulted (usually covered by insurance for the cases listed above).

Soaking the Feet and Assisting with Foot Care

Soaking the feet can help a person in three ways: it promotes relaxation, provides exercise, and allows for a DCW to examine the person's feet. **Caution: Soaking is not advisable for all persons.** Those with diabetes should not soak their feet. Consult your supervisor to be sure this procedure is recommended. General guidelines for soaking and caring for feet are:

- Schedule soaks on non bath days. The person can soak feet while sitting and doing grooming tasks or while watching TV. The foot soak should not last more than 20 minutes.
- Provide a basin of warm water and mild soap.
- Remind the person to exercise feet while soaking. Give step-by-step instructions: Wiggle the toes, stretch the feet, rotate the ankles clockwise, then counterclockwise, flex and extend the toes and ankles
- Pat feet dry. Dry thoroughly between the toes.
- Examine the feet. Look carefully, especially if the individual limps, resists walking or paces (increased friction may cause blisters or pressure sores). If any lesions are noted contact your supervisor for further instructions.
- Apply lotion to dry, cracking skin. Use a lotion containing lanolin or mineral oil.
- Clean and return equipment and supplies to their proper place. Discard disposable items.

7. Assistive Devices

Falls in the bathroom are the most common household accident. Wet, soapy tile, marble, or porcelain surfaces in bathrooms can be very slippery. A seat designed for the bath or shower and grab bars allow the person to enjoy safely bathing in comfort. Seats come in different sizes and styles. In any case, look for one that is strong, stable, and has rubber caps on the legs to prevent slipping.

Bath Stool

Economical and lightweight, the bath stool is suitable for a person of slight to medium build. The rubber-capped legs prevent slippage and, with no backrest, allow for easy

access to a person's back. The bath stool is ideal for narrow tubs and can easily be stored when not in use. However, its small base contributes to poor stability.

Bath Chair

The bath chair is good for a person with poor back strength and a bigger build (some seats can support up to 400 pounds). While stability is enhanced by rubber-capped legs and a wide base, the bath chair may not fit inside a narrow tub. The backrest hinders easy access to a person's back and other parts of the body.

Transfer Bench

A bench is suitable for those who have difficulty lifting their legs in and out of a tub. The long stationary seat remains partly inside and outside the tub. A person sits down outside the tub, and moves inside by sliding the body across the seat. The suction cups on the height adjustable legs (the inside of the tub is higher than the outside) prevent slippage.

Hand Held Shower Heads

Standard shower heads can be replaced with a hand-held model. This shower head allows an individual to hold the water at the level needed in the shower.

Grab Bars

Installing grab bars in the tub and shower can help a person get in and out more easily and reduce risk of falling.

A grab bar near the toilet can give support when sitting down and standing up. If more support is needed, there are a variety of railings that can be added to the toilet itself.

Raised or Elevated Toilet Seats

Raised toilet seats assist persons who have difficulty bending or sitting by raising the height of the toilet seat to a more comfortable and convenient height. There are a variety of raised toilet seats to choose from. Some have armrests which provide a sturdy grabbing platform to help with transfers and others are specifically designed for people who are recovering from hip replacement or leg fractures. Some can be attached to the toilet while others are freestanding.

The person must be able to have both feet flat on the floor when sitting on the seat, or it is too high.

F. ORAL HYGIENE

Good oral hygiene prevents sores and bad breath and keeps mucous membranes from becoming dry and cracked. Poor oral hygiene can contribute to poor appetite, and the bacteria in the mouth can cause pneumonia. Inflamed gums also set up an inflammatory process that puts a strain on the heart and decreases resistance to infections. Encourage persons to brush their teeth daily, especially at bedtime. Electric tooth brushes or brushes with larger or longer handles promote self-care.

Providing proper oral hygiene for an individual that is unable to care for his or her own teeth is an important role for a Direct Care Worker. Proper tooth brushing techniques help prevent conditions such as gingivitis, tooth decay and tooth abrasions, a condition in which the tooth is worn away. If you assist a person with oral hygiene, examine the mouth on a regular basis for signs of redness, swelling, or bleeding. A dentist should check any red or white spots or sores that bleed and do not go away within two weeks.



Procedure: Assisting with oral care

Supplies

- An extra soft or soft bristled manual toothbrush.
- Toothpaste.
- Protective gloves.
- Emesis basin.
- Disposable cup.
- Water or mouth rinse.
- Protective covering for clothing.

Description of procedure

1. Gather all needed materials.
2. Provide an explanation of what will occur prior to starting the process and continue throughout.
3. Place the person in a seated (minimum of 60 degrees) or standing position prior to beginning.
4. Place a protective covering over the person's clothing.
5. Wash hands and apply gloves before brushing the person's teeth.
6. Apply water and a small amount of toothpaste to the toothbrush.
7. Brush all surfaces of the teeth and gum line before brushing the inside of the teeth. It is a natural reaction to bite down on whatever is placed in the mouth. To help avoid the bite reflex, do not insert the toothbrush to the inside of the mouth until later in the process.

8. Offer the person the opportunity to rinse and spit into an emesis basin as needed. If the person cannot independently rinse, turn the person to one side to allow the liquid to run from the person's mouth into a folded cloth.
9. Rinse the toothbrush periodically and apply another small amount of tooth paste as needed.
10. Clean the inside and outside teeth.
 - Place the toothbrush parallel to the inside of the person's teeth.
 - Point the bristles at a 45 degree angle in the direction of the gum line.
 - Brush a small group of teeth at a time with a slow gentle motion for approximately 20 brush strokes or 10 seconds.
 - Continue above steps until all outside and inside upper and lower premolars and molars have been brushed.
 - Clean the inside surfaces of the upper and lower front teeth, use the tip of the toothbrush in a sweeping motion and move the toothbrush away from the gum line.
11. Upon completion, clean and dry the area around the person's mouth and remove protective covering.
12. Dispose of soiled linen and trash.
13. Remove and dispose of gloves.
14. Wash your hands.

Practical tips

- Stand behind the person so you are looking down on his/her mouth. This will allow easier access and a better view of the person's mouth.
- Don't use too much toothpaste.
- Brush all three areas of the teeth (outside, inside and top).
- Allow the person an opportunity to rinse as often as needed.
- If the person is not able to spit out water, use an oral swab instead of a toothbrush.

Don't forget!

- Thoroughly clean the toothbrush after each use.
- Start with the outside of the teeth.
- Utilize universal precautions and infection control measures through the process.

G. USING THE RESTROOM

Your responsibility is to help persons maintain normal function or be able to compensate for lost function. You must also do so in a professional manner that preserve's the person's dignity. Ensure privacy and comfort, and do not rush the individual.

Problems with elimination may occur due to a variety of reasons. Age-related changes, emotional stresses, and chronic diseases that disturb mental health, affect nutrition and limit activity are all possible causes. Bowel and urinary problems may be intermittent or may be constant, depending on the cause. The physical and emotional costs of bowel and bladder control problems can include:

- Increased risk of skin breakdown and infections.
- Feelings of anxiety, shame, embarrassment, self-reproach and frustration.
- Decreased sense of control, dignity, and self-esteem.
- Concern about the future.
- Threatened self-image.
- Loss of privacy to perform private functions.
- Social isolation.

1. Urinary incontinence

Urinary incontinence is the involuntary leakage of urine from the bladder.

Common causes for bladder problems:

- Nerve changes. The person does not recognize that the bladder is full.
- Memory loss. A person may forget where the toilet is or how to use it.
- Stress or fatigue.
- Infection.
- Medications.
- Alcohol.

Facilitator Notes:

Common bladder problems can be caused by reduced bladder capacity, a weakened bladder sphincter muscle, and decreased bladder muscle tone are all common. Other bladder control causes can be:

- Neurological changes. Nerve signals to the brain that the bladder is full are slowed, giving the person less time to reach the bathroom.
- Mental impairment. For example, memory loss can affect a person's ability to find the toilet and remember proper toileting procedures.
- Psychological changes. Depression, stress and fatigue can reduce the individual's motivation and ability to remain continent.

- Infection. Bladder infections are common among women.
 - Medications. Diuretics increase urine output. Sedatives reduce awareness of the need to urinate.
 - Alcohol. Alcohol increases urine output and reduces awareness of a full bladder.
- Types of incontinence** -- The four major types of urinary incontinence are:
- Stress incontinence: Leakage of urine during exercise, coughing, sneezing or laughing.
 - Urge incontinence: Involuntary bladder contractions or the bladder sphincter opens with a sudden urge to urinate. The time between the brain sending the urge signal and the bladder sphincter opening is shortened leading to less time to make it to the bathroom.
 - Overflow incontinence: Leakage of small amounts of urine from a constantly full bladder. This commonly occurs in men who have enlarged prostate glands and people who have diabetes.
 - Functional incontinence: Problems with the functional or physical ability to get to the bathroom in time. It commonly occurs with conditions such as stroke, memory loss and Parkinson's disease. Persons who have normal control are not considered incontinent if a mobility disorder keeps them from reaching the toilet before urinating.

Control of incontinence

- **Establish toileting schedule every two hours.** Schedule trips to bathroom 10-15 minutes before the typical time incontinence usually has occurred in the recent past. Emptying the bladder before the urge allows more time to get to the bathroom.
- **Identify assistance you can provide.** For example, if access to the bathroom is a contributing factor, list steps you need to take to correct the situation (e.g., provide the person with a urinal or commode in the room, and label the bathroom door so that a confused person can identify it). Additionally, include interventions that may help a person (e.g., positioning, increased fluid intake, and exercise). The following practices are safe in most situations:
 - **Recommend the person wear clothing designed for easy removal.**
 - **Remind in an appropriate manner.** For example, use words in the person's vocabulary. A memory-impaired person may remember childhood terms such as "potty." If such terms are used, be sure everyone understands this is not meant to demean the person, but rather to help.
 - **Provide plenty of fluids, unless doctor's orders say otherwise.** A full bladder sends stronger messages to the brain. Also, adequate fluids dilute urine, making it less irritating to the bladder wall. Offer a glass of prune juice at bedtime if constipation is a problem.
 - **Encourage complete emptying of bladder before bedtime** and immediately after getting up in the morning.

2. Incontinence pads

Incontinence pads and briefs help manage bladder and bowel incontinence. They are very absorbent and protect clothing. There are many different types of pads and briefs on the market. If the person is unhappy with a certain type, try others before giving up. Please do not use the term “diaper” with adults.

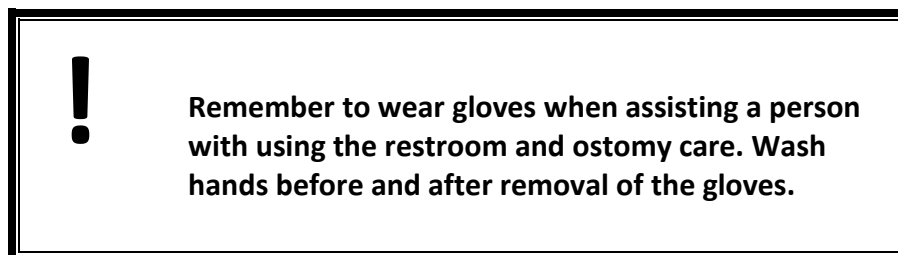
In assisting with changing a pad or brief, the DCW should gather supplies (new pad, plastic bag, and cloth or disposable wipes for cleansing the skin). The DCW should put on gloves and assist in removing the old pad as necessary. Put the soiled pad into the plastic bag. Assist the person in cleansing the peri area (the skin needs to be cleansed of urinary and fecal enzymes that will break down skin). Place any soiled disposable wipes in the plastic bag. Assist in applying a new pad. Peel off gloves and toss into plastic bag. Tie bag and take to outside trash. Wash hands.

3. Ostomy care

An ostomy is a surgical opening in the abdomen through which waste material discharges when the normal function of the bowel or bladder is lost. An **ileostomy** is an opening from the small intestine (ileum portion), and a **colostomy** is an opening from the large intestine (colon). Both types discharge feces. A **urostomy** is an opening to bypass the bladder and discharge urine.

The care and management of the ostomy depends on what type it is. Typically, the person wears a plastic collection pouch. It is attached to the abdomen at all times to protect the skin and collect the output. When a new pouch is needed, the skin is cleansed with soap and water, a protective skin barrier may be applied, and a new pouch is applied (may have to be precut to fit the stoma opening). The pouch is emptied at the person’s convenience. Again, how the pouch is emptied will depend on the type of ostomy and the supplies used. Some colostomies can be controlled by irrigation (enema) and only require a small gauze pad or plastic stick-on pouch to cover the stoma between irrigations.

There are different types of ostomy supplies on the market and each individual will have individualized needs for ostomy care depending on the type of ostomy and the size of the stoma (opening) and personal preference. Notify your supervisor if ostomy care is needed.



4. Skin Care after Using the Restroom

Skin care after assistance with using the restroom is extremely important. As has been mentioned previously, the enzymes contained in urine and fecal matter can cause skin irritation and rashes. These are similar to diaper rashes in infants. For individuals who are incontinent, a daily shower is advisable.

It may also be necessary if the person wears incontinence pads (do not use the term “diapers” unless it is an infant) to apply some type of skin protectant to the buttocks and peri area such as A&D ointment.

(Note: More detailed information can be found in [Colostomy Guide](#), a publication of the United Ostomy Association. Contact UOA at 1-800-826-826.

http://www.uoaa.org/ostomy_info/pubs/uoaa_colostomy_en.pdf.)

Facilitator Notes:

- Have participants practice the following skills
 - Assistance with brushing teeth
 - Assistance with eating
 - Assistance dressing

Optional activity

- Break the class up in small groups have each group take an ADL skill
 - Bathing
 - Dressing
 - Grooming
 - Oral Hygiene
 - Using the restroom (toileting)
- Have participants list and present techniques for the above listed ADLs that promote independence while ensuring that the person’s preferences are respected.

H. TRANSFERRING

Facilitator Notes:

A move as basic as getting in and out of a chair can be difficult for an individual with a disability, depending on her / his age, flexibility, and strength. Techniques for assisting an individual with transfers can vary. Some persons require a high level of assistance, also called maximum assist. The DCW will have to use assistive devices, such as a gait belt or a mechanical lift. Other persons will need less assistance, making the devices optional. The height and stability of the chair or other sitting surface also plays a role in the successful transfer. A slightly raised seat is preferable to one that is low or deep. A chair that has armrests is also preferable.

Some persons need assistance with transfers. Examples are getting in and out of bed or a chair.

There are different techniques and tools for the DCW to use.

Levels of assistance in transfers

- **Maximum assist**
 - Mechanical lift.
 - Gait belt with person who is 50% or less weight bearing.
- **Moderate assist**
 - Gait belt with person who is 50% or more weight bearing.
 - Verbal cues with moderate physical assist.
- **Minimum assist**
 - Gait belt optional.
 - Hands on with person who is 85 - 90% weight bearing.
 - Verbally and physically guiding the client.
 - Stand by assist (this is to ensure safety).

General guidelines for assistance with transfers

While procedures can vary for certain kinds of transfers, there are general guidelines that apply when assisting with any transfer.

- Explain each step of the transfer and allow the person to complete it slowly.
- Verbally instruct the person on the sequence of the transfer. (e.g., "Move to the front of the chair," etc.).
- When assisting in the transfer of a person **do not** grab, pull or lift by the person's arm joints (elbows, shoulders, wrists) as this can cause a joint injury.
- Know your limits: Don't transfer anyone heavier than what you can handle.
- If the person is unable to stand or is too weak to stand, the DCW should use a mechanical lift for transfers. If this is not in the service plan or you do not know how to use a mechanical lift, ask your supervisor for instructions on what to do.



At no time should the person put her or his hands around the DCW's neck during a transfer

1. Principles of body mechanics for back safety

Using correct body mechanics is an important part of a DCW's job because:

- The individual who needs support depends on the DCW for hands-on assistance. If the DCW does not take care of his/her back with the correct body mechanics, the DCW will not be able to provide that assistance.
- Not using correct body mechanics puts the safety of the person and DCW at risk.
- Some injuries cause permanent disabilities.

Just as lifting, pushing, and pulling loads can damage your back so can bending or reaching while working in an individual's home. As a DCW, you may have witnessed firsthand the pain and misery a back injury can cause. The good news is that you can learn some simple ways to reduce the risk of injuring your back.

Body mechanics principles that play an integral part of this section are:

- **Proper footwear:** DCWs should always wear proper footwear. Wear closed, non-slip shoes.
- **Center of gravity over base of support:** It is important for the DCW to be aware of center of gravity over base of support in working with a client. Usually a person's center of gravity is right behind a person's navel (belly button). A good base of support is being in a standing position where the feet are slightly apart and knees slightly bent.
- **Principles of body leverage:** Using leg and arm muscles is important, but so is applying body leverage. Mirror posture of the client. Use body as a whole and not just one part.

2. Use of a gait belt

A gait belt, sometimes called transfer belt, provides the DCW with a secure point to hold while assisting persons in walking and transfer activities.

Special Note:

Ensure the person can safely wear a gait belt. You may not be able to use a belt for:

- Persons with recent surgery or incisions (within the last 6-8 weeks) in the torso area.
- Individuals with ostomy (e.g. a colostomy), G-tube, hernias, severe COPD, post-surgical incisions, monitoring equipment, tubes or lines that could become compromised by the pressure.
- A pregnant person. Applying a gait belt to a pregnant woman could cause injury to the unborn child.

If the DCW determines the person cannot safely use a gait belt, the DCW should contact the supervisor for instruction on agency specific policy and procedures.

Procedure: Use of Gait Belt

Supplies:

Gait Belt (with metal teeth or quick release buckle).



Description of procedure

1. Tell the person what you are going to do.
2. Position the person to make application of the belt easier. The person needs to move forward and sit on the edge of the chair.
3. Place the gait belt around the person's waist, above the pelvic bone and below the rib cage. Always place the gait belt on top of clothing, and for females make sure breast tissue is above the belt.
4. Pass the metal tip of the belt end through the teeth of the buckle first and then through the other side of the buckle.
5. Adjust it so it is snug, but not uncomfortable for the person. You should be able to slip your open flat hand between the belt and the person.
6. Tuck the excess end of the belt through the waist band.
7. The strap should lay flat across the buckle.
8. ALWAYS verify proper closure before use.
9. ALWAYS grasp the transfer belt from underneath.
10. Remove the gait belt when not in use, or loosen it.



Practical Tips:

- It is important that you ask permission before applying a gait belt because you are about to invade the person's personal space. Maintain person's rights by informing him/her of all procedures prior to actions.
- Gait belts come in various lengths; use an appropriate size for the person.
- Belts with padded handles are easier to grip and increase security and control.
- Use a rocking and pulling motion rather than lifting when using a belt.
- DCW should walk slightly behind the person with a hand under the bottom of the belt.
- On some gait belts, the seam and label will be on the outside, on other belts it is on the inside. Don't assume that the manufacturer's label is on the inside – be sure to start putting the end of the belt through the teeth first.

Don't forget!

- Apply gait belt over clothing, NEVER apply to bare skin.
- Check female persons to assure no breast tissue is caught in belt.
- Use good body mechanics when transferring a person with a gait belt.

3. Procedure: Transfer out of bed to a standing position

Supplies

Non-slip shoes/socks.



Description of procedure

1. Tell the person what you are planning to do.
2. If possible, raise or lower the height of the bed to prevent a position that could strain the DCW's back.
3. Have the person roll onto their side, facing you, elbows bent, knees flexed.
4. Place one arm around the person's shoulders (not the neck) and one over and around the knees.
5. Instruct person to use the forearm to raise up and the opposite hand to push up to a sitting position while you support their back and shoulders with left hand.
6. With your hand behind the person's knees, help them swing their legs over the side of the bed with one fluid motion. Assist them in moving to the edge of the bed if necessary.
7. Allow person to sit on the edge of the bed for a minute or two. Ensure the person is oriented and stable before attempting to stand
8. Assist with putting on non-skid footwear (sneakers, slippers, tread socks are good choices).
9. If bed was raised or lowered, make sure to adjust to a height in which the person's feet can touch the floor comfortably
10. Instruct person to place feet flat on the floor.
11. Assist the person to stand. The DCW should keep one hand on the person's elbow and the other behind the person's back.

Practical Tips

- Be sure to have supplies ready. Do not leave the person on the edge of the bed while you go find slippers or a robe.
- Remember to support limbs and back during procedure.

- **BE OBSERVANT!** It is common for the blood pressure to drop when going from a prone to a sitting position, causing light-headedness or dizziness. Watch the person for changes in condition, such as color changes, respiratory changes, and other signs of distress.
- Use good body mechanics when turning a rolling, moving, and standing. Protect your back.
- Encourage the person to help as much as he possibly can; this helps maintain independence.

Don't forget!

- Don't forget to lower the bed if a mechanical bed is being used.
- Do not "pull" the person by arms, hands, wrists etc. Support back and knees to prevent injury.
- Do not let the person place his hands/arms around your neck while you assist.

4. Transfer from wheelchair

Supplies:

- Wheelchair.
- Gait belt.
- Chair.



Description of procedure

Note: Person is 50% or more weight bearing (moderate assist)

1. Ensure the person can safely wear a gait belt.
2. Explain the gait belt procedure to the person.
3. Ask the person's permission to use the gait belt. Explain the belt is a safety device and will be removed as soon as the transfer is complete.
4. Tell the person what you are going to do.
5. Lock the wheels of wheelchair.
6. Put the footrest in the up position and swing the footrest to the side or remove.
7. Take off the armrest closest to the chair (or drop armrest if possible).
8. Place chair at a 45 degree angle to the wheelchair.

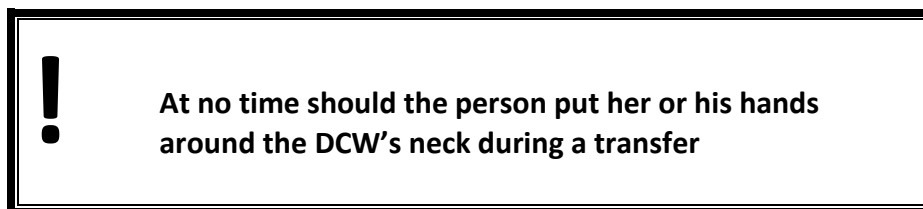
9. Have the person move to the front of wheelchair seat.
10. Use gait belt secured around person's waist to assist him/her out of the wheelchair (refer to gait belt skill).
11. Foot Placement (depending on the client's disability or preference):
 - Place both of your feet in front of the client's feet with your toes pointed outward.
 - Place one foot slightly in front of the other one. The foot in front will be placed between the client's feet.
12. Have the person either hold onto your shoulders or arms, not around your neck!
13. Grasp the gait belt on both sides with fingers under belt.
14. Bend at knees and hips. Lift with legs, not back.
15. Assist the person to a standing position, mirroring posture of person.
16. Have the person stand for a minute, shifting weight from one foot to other.
17. Pick up your feet and move them facing the chair as the person takes baby steps to a standing position in front of chair.
18. Ask the person if he/she feels the chair seat on the back of his/her legs.
19. Have the person put his/her hands on the armrests.
20. Assist the person to a seated position, mirroring the person's posture.

Practical Tips:

- DCW should always use proper foot wear (closed, non-slip, flat shoe).
- Use smooth fluid motion.
- Don't rush the transfer procedure.
- Don't transfer a person who is too heavy for this type of body transfer.

Don't forget!

- Keep body in proper alignment; use proper body mechanics.
- Move feet with the pivot, do not twist.
- Be sure to place gait belt properly.



5. Assistance with ambulation (Walking)

Ambulation simply means to walk or move from one place to another. It is important to understand that every person will be different in his or her level of need for assistance.

There are several benefits to ambulation, some of which include:

- Relieve stress and anxiety.
- Improve and/or maintain muscle strength.
- Improve circulation.
- Decrease digestion and elimination problems.
- Improve appetite.

Special Note:

- Before you begin working with a person, familiarize yourself with the support plan and expectations/requirements. Contact your supervisor for clarification.
- Ensure the person can safely wear a gait belt. See “application of gait belt” for procedure and contraindications.

Supplies

- Gait Belt and/or other walking aids like a cane or a walker.
- Non-slip, properly fitting footwear.



Description of Procedure

1. Communicate procedure/actions to person before you begin.
2. Apply non-skid, properly fitting footwear.
3. Apply gait belt (see procedure for gait belt application).
4. Make sure that the person has his feet firmly on the floor.
5. Use an underhand grasp on the belt for greater safety.
6. Have the person’s walking aid readily available if required.
7. Walk behind and to one side of the person during ambulation; hold on to the belt from directly behind him. Be aware to support weaker side if applicable.
8. Right side: you should be standing between 4 and 5 o’clock.
9. Left side: you should be standing between 7 and 8 o’clock.

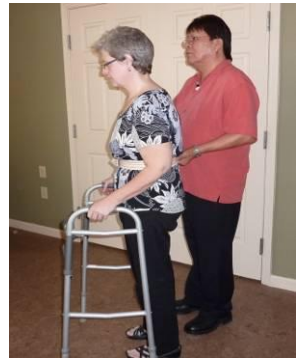


10. Let the person set the pace, and walk in step with the person, maintaining a firm grasp on gait belt.
11. Watch for signs of fatigue.

Ambulation with a walker

When assisting a person with ambulation when using a walker, it is imperative that the person stay inside the frame of the walker. Make sure it has been properly fitted for the individual. The DCW should always walk on the person's weak side to provide additional support as needed.

Special Note: In the instance a person does collapse or loses his/her footing, it is acceptable to ease the person gently to the floor. The DCW should not try to carry the person, hold him up or catch him if he starts to fall.



Practical Tips:

- Communicate expectations with person at all times.
- Encourage the person to assist as much as possible.
- Be aware of/remove tripping hazards: electrical cords, throw rugs, clutter.
- Make sure that you are standing on the person's weak side, if applicable.
- Be observant: the person may tire easily and can only handle short walks.
- Ensure assistive devices fit properly; notify your supervisor with concerns.
- The tips on the canes wear out over time and it may be necessary for them to be replaced periodically.
- Don't rush the person to meet your schedule.

Don't forget!

- Keep a firm grasp on gait belt.
- Don't assume that once the person is up and moving, she will continue to be stable. Always be prepared for a fall.

I. TURNING AND POSITIONING

Facilitator Notes:

A person sitting a long time may slide down in the chair. The DCW needs to assist the individual

with repositioning. A gait belt should be used when providing assistance. If the person is sitting in a wheelchair, make sure the wheels are locked before repositioning the individual. Even with good sitting position, the person should be encouraged to shift weight slightly occasionally. This can help prevent soreness and pressure ulcers on the skin.

When a person remains in bed for a long time, it is also important to turn and shift weight. Some individuals just need to be reminded; others need assistance. The person can alternate positions from being on the back (supine) to the side (lateral) or face down (prone). Some beds can be adjusted so that the head is higher (Fowler's position).

1. Introduction

Preventing pressure sores (Ulcers)

Some individuals spend much time in bed or in a chair or wheelchair. Some persons can shift or turn on their own, but others will need assistance.

The DCW is responsible for:

- Reminding the individual to change position regularly.
- Providing assistance when needed.
- After turning or after a transfer, ensuring proper positioning for the individual.
- People who cannot change position need to have the DCW change his/her position in bed or in a chair/wheelchair at least every two hours. (See also the section on skin care.)

Preventing contractures

Facilitator Notes:

A contracture is a stiffening of a muscle due to immobilization (unable to move). Following a stroke or other injury, muscles can remain inactive for long periods of time. During this period of time, the muscle atrophies: it gets smaller and shorter, sometimes to the point that it can no longer be used. Contractures can form in the hands, fingers, arms, hips, knees and calves, as well as other areas.

When a person with a disability is sitting, make sure she / he is sitting upright to prevent contractures from forming in the chest muscles and the front of the shoulders. Make sure that both feet are flat on the floor, and encourage the person to keep palms open and down in a relaxed manner, possibly against a table or armrest. This will prevent contractures from developing in the hand. Putting a rolled washcloth in the person's hand may help prevent hand contractures and will also help with hygiene.

Once a contracture has developed, it can be difficult and painful to treat. It severely restricts a person's movement and independence. **DCWs can help prevent contractures through proper positioning, exercise and equipment.**

A contracture is a stiffening of a muscle due to inactivity. When muscles get smaller and shorter, they cannot be used properly. Contractures can be painful and difficult to treat.

Tips for preventing contractures:

- Encourage the person to sit upright.
- Both feet should be flat on the floor.
- Hands should be open and relaxed.

2. Procedures for Turning and Positioning



Procedure: Positioning in bed

Proper alignment of a person while in bed can be essential to the person's comfort and proper rest. The DCW must conscientiously assist in maintaining good body alignment, proactively address pressure points and be aware to support the natural curves of the body. These curves need to be supported to prevent undesired pressure that may lead to uncomfortable areas or pressure sores.

Proper positioning:

- Helps the person feel more comfortable.
- Relieves strain.
- Helps the body function more efficiently.
- Prevents complications with skin breakdown and pressure sores.

Supplies

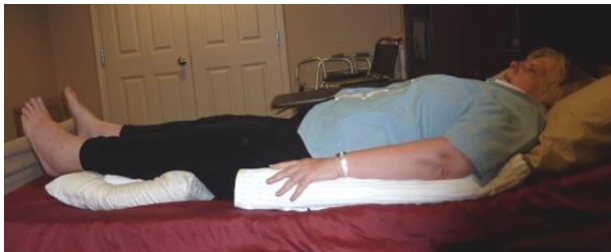
- Bed.
- Blankets.
- Pillows.

Description of procedure

1. Provide for person's privacy.
2. Communicate expectation/procedure to person (how is the person most comfortable, are there any pressure concerns, ask about personal preferences).
3. Raise bed to comfortable position, lower side rail (if mechanical bed is available).
4. Roll person to a new preferred comfortable position (support upper torso and head).
 - Supine: flat on the back.
 - Fowler's: on the back with head raised slightly.
 - Lateral: on either side.
 - Prone: on the stomach.
5. Place pillow under person's head for comfort.

6. The arms are extended and supported with small pillows, elbows may be supported and off the bed.
7. A rolled towel may support the small of the back.
8. A small pillow is placed along person's thighs and tucked under to prevent external hip rotation.
9. A small pillow placed under the ankles raises the heels off the bed.
10. The knees may be flexed and supported with a small pillow or blanket roll.
11. A small pillow or roll may be added at the feet to prevent foot drop.

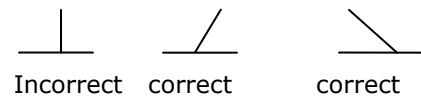
Positioning in Bed



Supine Position, on the back, with pillows used for support; heels off the bed—note pillow under head is placed under shoulders and under ankles, calves and knees.



Lateral Position, on the side, w/ pillows used for support-- person should not be placed at 90 degree angle (hip to bed) but rather slightly side lying either to front or to back



Procedure: Positioning in wheelchair

When a person with a disability is sitting in a wheelchair, make sure she/he is sitting upright to prevent the risk of pressure sores. A proper sitting position places the person in good, comfortable alignment. Good alignment involves head, shoulders, hips squarely over the axle of the wheel.

Incorrect position for front wheels

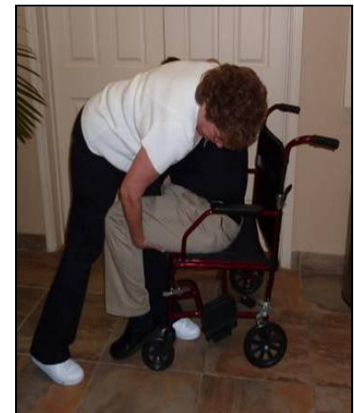


Correct position for front wheels



Description of Procedure

1. Explain to the person what steps you are going to do to reposition him.
2. Have wheel chair locked with caster wheels in forward position (this can be accomplished by moving the wheelchair backwards. Then the front caster wheels go forward, which sets the wheelchair to have a strong base of support.
3. Move foot rest to side if applicable.
4. Stand in front of the person with the left leg of the person between your legs. Have the person lean forward with the person putting his/her head above your left hip. This places most of the person's weight on his/her right buttock side. Your left arm should come across the person's back to provide stability.
5. Place your right arm under the thigh of the person's left leg while placing slight pressure against the person's left knee by pressing against it with your leg. (It is best to use the wide area above your knee to press against the person's knee.) With a fluid motion, use your entire body to gently push the person toward the back part of the wheelchair.
6. Let the person sit up, and then do the same steps to the other side of the person that needs to be repositioned. You might need to do this several times (both left side and right side) for the correct alignment of the person in the wheelchair.



Practical Tips

- Always explain to the person what is being done.
- Make sure wheels are locked.
- Make sure the person's weight is on the side opposite the side that is to be repositioned.
- Use your entire body when positioning.
- Prepare for this technique by repositioning yourself in a chair: Sit on the edge of a chair and move yourself backward without the use of your hand. This motion of backing up in a chair (first one side, then the other) is used for the technique of repositioning.

Don't forget!

- Always use proper body mechanics. Poor body mechanics can injure both DCW and person.
- Do not rush the procedure; you may need to do this procedure a couple of times to get the person all the way back in the chair.
- DO NOT lift person over the back of the handles of the wheelchair

Note: When doing this procedure with someone in a chair, make sure the back of the chair is secured so that the chair does not move when repositioning the person.

Practice Scenario

John, who is quadriplegic and uses a mechanical lift to be transferred into the wheelchair, regularly needs to be repositioned in the wheelchair to have a good sitting alignment. Demonstrate how you would reposition John if he is sliding out of the wheelchair.

3. Range of Motion (ROM) Exercises

Range of motion exercises are the best defense against the formation of contractures. A physical therapist, home health nurse or other health care professional should recommend helpful ROM exercises for an individual with disabilities to do at home. These exercises will concentrate on the joints. Each motion should be repeated, slowly and gently, and never beyond the point of pain. **Never exercise a joint that is swollen or red.**

Some individuals will be able to do ROM exercises independently; perhaps they need just encouragement and direction from you. Others will need assistance from you. This can mean helping them to lift, stretch and move limbs and joints, or being physically "cued" on how to perform the exercise. Still others, who are very limited physically, may be dependent on you to actually move them through the exercises. Regardless of how much you must be involved, the person will benefit from the movement: it will allow them to maintain more range of motion.

Active ROM exercises are done by the person.

Passive ROM exercises are done by the DCW. Passive ROM exercises should be approved by a health care professional to limit liability. Refer to the support plan or ask your supervisor for instructions before assisting with any exercises.

4. Assistive Devices

Walkers and wheelchairs are common devices to help individuals with mobility. The DCW should be familiar with the devices and know how to use them safely.

Facilitator note:

Older individuals may use a cane. See the appendix for more information on canes.

Walkers rank second behind canes in amount of users. Since their introduction over two hundred years ago, walkers have changed greatly. Walkers come in many models, sizes and styles. Wheel size and walker weight vary greatly in different models of wheeled walkers.

Walkers

Walkers are popular: almost two million people in the U.S. use them. Walkers are helpful for people with arthritis, weak knees or ankles, or balance problems. Able to support up to 50% of a person's weight, walkers are more stable than canes.

Types of walkers

The **standard walker** (no wheels, see photo on p. 41) is the basic type most often used in therapy. To operate, a person lifts the walker, moves it forward, and puts it back down with each step. Because they require lifting, extended use may cause strain on the wrists, shoulders, and arms.

With a **wheeled walker** (2 wheels), the user merely pushes the two-wheeled walker forward. No lifting is necessary, so the walking style is more natural.

Two-wheeled walkers have automatic brakes that work when you push down on the walker. Some have auto-glide features that allow the rear legs to skim the surface.

Many standard and wheeled walkers fold for easy storage or transport.

Rolling walkers (3 or 4 wheels) require less energy. Gliding over carpets and thresholds is easier, and they may make turning easier. Rolling walkers often have hand brakes. All are heavier than rigid or folding walkers. Many wheeled walkers do not fold and may be difficult to transport.

Effective walker use

- A professional, such as a physician or physical therapist, should help choose or prescribe a walker and then demonstrate how to walk correctly with it.
- Walker height is best when the arm bends at the elbow in a 20 to 30 degree angle. The top of the handle of the walker should be at the same height as the bend of the person's wrist.
- To prevent tripping or falling, the person should:
 - Always look ahead, not at the feet.

- Walk inside the walker (avoid pushing walker to far ahead as if it were a shopping cart).
- Use walkers only in well-lit areas. Cluttered and crowded areas, throw rugs, and wires running across the floor should be avoided.
- Wear appropriate footwear. Properly fitting shoes with rubber soles are best. Loose fitting footwear such as slippers, or slippery-soled shoes, should be avoided.
- Avoid using the walker on stairs.

Small rooms, such as bathrooms, may prevent safe walker use. A solution is to install grab bars. With a wheeled walker, you may be able to reverse the wheels. Then the wheels are on the inside of the walker, saving 3-4 inches of space.

Facilitator Note:

Individuals with developmental disabilities are fitted for their wheelchairs, if they need one. The same does not always apply for older adults, who may buy a used wheelchair. If not fitted properly, use of the wheelchair may be less than optimal. See the appendix for additional information.

Wheelchairs

Most common is the **standard wheelchair**. It can weigh over forty pounds. A light weight wheelchair (20-25 pounds) is easier to transport or store.

Power wheelchairs (electric) have batteries. They require little strength to operate. They can be heavy and large and probably require a van for transportation.

Scooters are also electric. A scooter looks like a chair mounted on a platform with wheels.

Wheelchair Accessories

- Transfer boards let a person move from the wheelchair to another seat or bed without standing.
- Safety flags make the person or chair more visible. It is a red flag on a long pole.
- Baskets and bumpers are available for some wheelchairs.

Activity:

Have participants practice the following skills:

- Assistance with ambulation / use of gait belt.
- Techniques for positioning a person (bed / wheelchair).
- Transfer in and out of a wheelchair.

Optional

Instructor Resources

Denture Care

Dentures need to be cleaned at least once a day to prevent staining, bad breath and gum irritation. Partial dentures require the same care as full dentures. If you perform this task for the person, follow this recommended procedure:

1. Wash your hands before and after handling dentures, and wear disposable gloves.
2. Use a tissue or clean washcloth to lift one end, break the suction, and remove the dentures from the person's mouth.
3. Observe the mouth for loose, broken teeth, sores, swelling, redness or bleeding. Any of these could indicate improper fitting dentures or a more severe mouth problem.
4. Place dentures in a container filled with cool water.
5. Clean dentures over a basin filled with water or lined with a washcloth, to prevent breakage should dentures be dropped accidentally.
6. Cup dentures in hand. Brush the upper inside first, then the tooth and palate area. Rinse thoroughly.
7. Have the individual rinse before replacing dentures. Provide a mouth rinse such as a saltwater (saline) solution. A warm saline rinse in the morning, after meals and at bedtime is recommended.
8. Apply denture cream or adhesive to dentures before replacing per individual preference.
9. Store dentures in water when not in the person's mouth. This keeps them from warping. Dentures should soak in water for 6 to 8 hours each day (usually overnight).



Procedure: The Bed Bath

Bathing is an activity of daily living that cleans skin, improves circulation, and provides an opportunity for range of motion and socialization. It is preferable to transfer the person to a chair to provide a partial bath or to a shower bench. When this is not possible due to person's weakness, decreased endurance (person cannot sit upright for an extended time), or respiratory problems that make transfers too taxing, then a bed bath needs to be provided.

Supplies

- Wash basin.
- Lanolin based soap (rinse-less soap works best).
- At least four soft, absorbent towels and two soft washcloths.
- Disposable gloves.
- Moisturizing body lotion.

Description of Procedure

1. Ask the person his/her preferences, and based on the response, gather supplies and plan how to proceed.

2. Explain what will be done and continue to talk to the person through each step of the bath.
3. Assist the person with removing clothing, eyeglasses, and jewelry.
4. Put on disposable gloves.
5. Cover person with two large towels, one covering the shoulders to waist and the other from the waist to the toes, then remove bedding underneath.
6. Use one washcloth for cleansing and another for rinsing (unless a rinse-less soap is used).
7. Have the person wash his/her face if able or wash the face making sure the areas behind the ears get washed and dried.
8. Place towel lengthwise under the person's arm. Wash, rinse and pat dry the arm, armpit, and hand (place the hands in the wash basin if possible).
9. Repeat with other arm, armpit, and hand.
10. Lift up the chest towel just enough to expose the chest and wash, rinse and pat dry. Re-cover the chest.
11. Lift up the towel covering the abdomen and wash the area to the groin. Rinse and pat dry. Replace the towel.
12. Change water as soon as it gets cold.
13. Place towel lengthwise under the person's leg. Wash, rinse and pat dry the leg and foot. Make sure area between the toes is dried. Check the heels for any signs of skin problems.
14. Repeat the same process on the other side of the body.
15. Turn the person on the side away from you.
16. Exposing just the back, place a towel lengthwise close to back.
17. Beginning at shoulders and working down toward buttocks, wash, rinse and pat dry the back. Examine area of tailbone for skin problems (this is a common problem site).
18. Turn the person on back. If the person cannot wash the genital area, do it for him or her, always wiping from genital to anal area (front to back). (See "Perineal care" below.)
19. Turn person on side. Wash the rectal area, front to back, rinse and pat dry.
20. Apply moisturizer while the skin is still moist.
21. Assist the person with dressing.

Perineal care

Peri-care is the term for cleansing the genital area. Be sure to provide for privacy and comfort. Close the door and pull the window-shade if necessary to preserve privacy. Use a towel or bath sheet to keep the person covered while you perform peri-care.

- **Female:** Have the woman lie on her back with knees bent. Visualize the area and separate the labia. With a washcloth make one swipe from front to back. Turn over the cloth and make another swipe from front to back. Continue until the area is cleansed. Rinse with water using the same procedure and pat dry.

- **Male:** Have the man lie on his back. If the individual is uncircumcised retract the foreskin. Grasp the penis and with a circular motion cleanse from the tip of the penis to the shaft. Turn over the cloth and repeat from the head of the penis to the shaft. Wash the scrotum. Rinse with water and pat dry. **For the uncircumcised male put the foreskin back into the original position.**
- **For rectal area for both female and male:** Have the person lie on the side away from you. If necessary separate the buttocks to visualize the anal area. Wipe from the front to the back, turning to a new area of the washcloth after each swipe until the area is clean. Rinse with water and pat dry.

Practical Tips

- Throughout the procedure the person should be encouraged to perform as much of the bathing routine as possible.
- The DCW should ensure privacy and dignity by only exposing the areas necessary during bathing. Close the door and pull the window-shade if necessary.
- Make sure the room is warm and draft free.
- Be careful not to overtire a person. If a person becomes too tired, finish up with the most important areas (face, hands, arm pits, and genitals) and leave the rest for another day.
- When washing the eyes, wipe one eye, turn the cloth and wipe the other so as not to contaminate the other eye. The same holds true for perineal care. On a female wipe front to back, turn the cloth and wipe front to back. Repeat until area clean.
- Do not scrub or rub, as this might bruise or abrade older skin.
- When applying moisturizer, gently massage bony prominences (e.g., hips, tailbone, elbows) using a light circular motion. Be observant for any skin changes. Do not massage legs—poor circulation often causes clots to form, which can be dislodged by massage.

Don't forget!

- Wash areas from clean to dirty, that is, from head to rectum. It is not as important whether you wash arm, leg, and then the other arm and leg or arm, arm, and leg, leg.
- Communication is very important before and during the procedure. This includes non-verbal communication during perineal care. If you feel uncomfortable or hesitant, the person will probably feel the same. Even if the person is non-verbal, continue to talk to the person.
- Keep water warm to aid in comfort. Cool water can cause the person to catch a chill.

Catheter Care

a. Indwelling (“Foley”) Catheter

An indwelling catheter is a long tube inserted into the bladder. It is inserted through the urethra, the normal opening of the bladder. It is important to reduce the risk of urinary tract infections. This is achieved by cleanliness in maintenance of the catheter, tubing, and drainage bags and by proper positioning of the tubing and

drainage bags. **Routine catheter changes are done by a nurse, but it is the responsibility of the DCW to notify a supervisor/nurse of any changes in the urine or complaints of pain.** The guidelines for care are:

1. Make sure urine is allowed to flow freely. Tubing should not have kinks or have anything obstructing its flow.
2. Keep the drainage bag below the level of the bladder while in bed, using a walker or wheelchair. Do not attach the drainage bag to the bed rail.
3. Do not set the drainage bag on the floor as this can contaminate the system.
4. Coil the tubing on the bed. Keep the tubing above the drainage bag.
5. Secure the catheter to the inner thigh with tape or catheter strap to reduce the friction and movement of the catheter at the insertion site.
6. Check for leakage of urine and report findings to your supervisor.
7. Cleanse the catheter insertion site when giving daily peri care and if needed after bowel movements and vaginal drainage using the procedure outlined below.
8. Drain the drainage bag in the morning and before bedtime and as needed.
9. Report any complaints of pain, burning, irritation, the feeling of a need to urinate or any changes in urine characteristics such as color, clarity, and odor to your supervisor

To cleanse the catheter at the insertion site:

Put on gloves. Separate the labia (female) or retract the foreskin (male). Check the catheter site for crusts or abnormal drainage. Holding the catheter in place with your fingers, cleanse the catheter from the meatus (urethral opening) down the catheter about four inches. Use soap and water. Avoid tugging on the catheter; pulling on the catheter can cause pain. Make sure the catheter is secured properly and continue with any further peri care. Replace the foreskin on a male to the original position.

b. Suprapubic Catheter

A suprapubic catheter is inserted through a permanent, surgical opening in the lower abdomen to the bladder to drain the urine. The catheter is then attached to a urinary drainage bag or a leg bag. The care remains the same as for the care for an indwelling catheter listed above.

c. External Catheter

An external catheter (also referred to as a buffalo, Texas, or condom catheter) is applied like a condom to the male's penis and then attached to a urinary drainage bag or leg bag. The tip of the penis should not rub on the interior of the catheter. The catheter needs to be changed every 24 hours and the penis washed and pat dried before applying a new catheter.



Procedure: Empty the drainage bag

A person with an indwelling urinary catheter will have some type of a urinary collection device often referred to as a catheter bag. This catheter bag will have to be emptied by the person or DCW on a regular basis using special attention to infection control practices.

Supplies

- Catheter bag (large bag that can hold 2000 cc of urine-sometimes referred to as nighttime drainage bag)
- Disposable gloves
- Collection container (can be urinal, small pitcher or comparable device)
- Optional: apple juice and leg bag (holds 600-900cc and usually used during the day for more mobile persons)

Description of procedure

1. Explain to the person what steps you are going to take.
2. Wash hands, put on gloves.
3. Place the drainage container below the level of the person's bladder.
4. Unhook the tube and open the clamp over the container (be careful not to touch the tube on the side of the container).
5. Drain the urine into the container, close the clamp, and refasten the tube to the urine bag.
6. Empty the contents of the container into the toilet.
7. Rinse the container and pour the rinse water into the toilet and flush.
8. Disinfect container, dry with paper towels and put away for storage.
9. Remove gloves and wash hands following proper procedure.



Procedure: Positioning of the Bed Pan

Regular, periodic elimination of body wastes is essential for maintaining good health. Persons who are confined to bed and who have restrictive ambulation must rely on the DCW to help them with this task. This often includes assisting the person with the proper positioning and use of a bedpan. It is important to understand and be able to demonstrate this skill properly. The DCW must be aware of the emotional concerns of the person, preserve their privacy and dignity in the accomplishment of this task while maintaining good personal hygiene as well.

Supplies:

- Bedpan and cover (if available)
- Toilet tissue
- Basin of warm water
- Soap

- Washcloth
- Disposable gloves
- Paper towels/protective pad
- Person, Volunteer to be positioned, for realism
- Mannequin/doll if volunteer is not available
- Towel
- Baby powder or corn starch (if available)

Description of procedure

1. Explain procedure/expectations to person.
2. Provide for person's privacy.
3. Assemble supplies, place all but protective pad on nightstand.
4. Wash hands, apply gloves.
5. Raise bed to comfortable position, lower head if elevated (if mechanical bed is available).
6. Place protective pad on bed or bedside chair.
7. Fold bedcovers back, raise the person's gown, or assist with lowering pajama bottoms.
8. Sprinkle bedpan with baby powder or cornstarch for ease in sliding on and off the bedpan. Placing a paper towel in the bottom aides in emptying solid waste and cleaning the bedpan later.

If the person can assist:

1. Ask person to flex their knees, place their feet flat on the bed mattress.
2. Ask person to lift their buttock. The DCW may assist by putting a hand on the small of the back and lifting gently and slowly with one hand.
3. Push bedpan downward into mattress and slide under person's buttocks.
4. To remove bed pan, roll person to side, pushing bedpan into the mattress, holding carefully so as not to tip or spill contents. Ensure contents of bedpan are covered with toilet tissue.
5. Assist person with hand washing or antiseptic cleanser if needed.
6. Replace clothing and bedcovers. Provide for safety and comfort.
7. Take to bedpan bathroom.
8. Empty contents into toilet, careful not to splash.
9. Rinse, disinfect, dry and store bedpan using proper infection control procedure.
10. Provide for person safety and lower bed.
11. Remove gloves and wash hands.
12. Communicate with person as to comfort and position as needed.

If the person cannot assist:

(Begin procedure as above #1-8)

9. Roll person onto side, away from DCW.

10. Push bedpan downward into mattress and roll person back onto bedpan.
11. Narrow end should face the foot of the bed.
12. Person's buttocks should rest on the rounded shelf of the bedpan.
13. Check for proper positioning to avoid spills, glance at bedpan from the top, between person's thighs.
14. Replace the bedcovers and raise the head of the bed (if applicable).
15. Place toilet tissue within reach.
16. Assure privacy and safety.
17. Remain close to hear when person calls to notify they are finished.
18. Bring tub of warm water/perineal care supplies back to bedside.
19. Assist with perineal care (cleaning) as needed if person is unable to do so.
20. Lower the head of the bed and remove bedpan.
21. To remove bed pan, roll person to side, pushing bedpan into the mattress, holding carefully so as not to tip or spill contents. Ensure contents of bedpan are covered with toilet tissue.
22. Assist person with hand washing or antiseptic cleanser if needed.
23. Replace clothing and bedcovers. Provide for safety and comfort.
24. Take to bedpan bathroom.
25. Empty contents into toilet, careful not to splash.
26. Rinse, disinfect, dry and store bedpan using proper infection control procedure.
27. Provide for person safety and lower bed.
28. Remove gloves and wash hands.
29. Communicate with person as to comfort and position as needed.

Practical Tips:

- Always discuss with person their preferences and how they are most comfortable.
- Remember to collect supplies in advance.
- Always maintain safety and privacy in the procedure (raise/ lower bed, put up rails).
- This is a good time to make skin assessments, looking for "hot spots."
- Encourage the person to help as much as she possibly can; this helps maintain independence.
- Stay close to hear when the person is done; don't leave them on the bedpan too long.
- Don't put soiled bedpan in night stand.
- Casual conversation with the person makes task more pleasant for the DCW and the person.

Don't forget!

- Discuss the procedure with the person. Don't just jump in and mechanically perform.
- Don't forget your gloves!
- Be sure to keep person covered and maintain dignity throughout procedure.
- Use good body mechanics when turning and rolling – protect your back.

- Don't forget to help the person with personal hygiene, such as washing the person's hands.

Practice Scenario:

Mrs. Chin is 86 and recently fell and fractured her hip. It was surgically corrected with pins and rods, but still causes her a lot of pain when she walks. The DCW's shift with Mrs. Chin starts at 7am, to assist her in getting up, personal care, dressing and breakfast. The first thing she wants to do every morning is use the bedpan.

Please demonstrate how you would assist Mrs. Chin to use the bedpan, using proper techniques.

Ambulation: Canes

The handle of the cane should be at a height that would be equivalent to where the person's wrist of his strong hand would fall if his hand was placed at his side when standing in an upright position. The person should be using the cane on his strong side, and the DCW should be walking on his weak side for assistance.

Metal is preferred over a wooden cane since wood can splinter or crack. The quad cane (with four feet), offers more stability to help the user maintain balance while walking.

Effective Cane Use

- The handle of the cane should be as high as the wrist of the hand opposite the person's weak side. While standing and holding the handle of the cane, the elbow should be at a 20 to 30 degree angle.
- A person should not use canes on stairs without using a handrail or the support of another person on the opposite side. Most quad canes and other wide base canes are not safe for use on stairs.
- It is better not to use canes on snowy or icy surfaces – they can slip. However, metal or rubber tips that grip the ice may give more protection against slipping.
- Tips on the end of cane legs provide traction and absorb shock, thereby cushioning the hand. Make sure the cane tips are not worn down. Replacement cane tips are readily available in larger drug stores.
- A wrist strap attached to the handle of a cane is convenient. It allows the hand to be free without having to set down the cane. It also prevents a person from dropping the cane.

Additional Information on Wheelchairs

Today, older Americans use more wheelchairs than any other age group. As the number of people using wheelchairs grows, so the dimensions, characteristics, and kinds of wheelchairs are becoming more diverse. Unfortunately, many people are not aware of the wide variety

of wheelchairs to fit different needs and only know about the standard, heavy-duty wheelchair.

Many people pick up wheelchairs from garage sales, or receive them as gifts from well-meaning friends. Unfortunately, this can lead to a poor "fit" between the user and the wheelchair, which can lead to skin problems in the future. To avoid this, it is very important to consult with an expert, such as a physical or occupational therapist, before selecting a wheelchair. People often use wheelchairs for many years and for extended periods a day, so it is important that the wheelchair be comfortable.

Power or electric wheelchairs are powered by batteries and require much less physical strength to move than standard (manual) chairs. They provide independence for people who are unable to propel themselves in manual chairs. Since these wheelchairs have to carry heavy batteries and power systems, the frames are generally sturdier than manual chair frames. Because of extra equipment, power chairs may be a bit wider, are harder to maneuver in tight spaces, and are very heavy and do not fold. Most power chairs will require a van for transportation. The wheelchair supplier should explain how and when to charge the batteries. With regular use, a battery should last a minimum of one year before replacement may be necessary. As wheelchair batteries differ from car batteries, buy the batteries only from a wheelchair supplier.

Scooters are also powered by batteries and resemble a horizontal platform with three wheels and a chair. Scooters are useful for people who can walk short distances but need help for long distances. Some scooters disassemble easily for transportation in the trunk of a vehicle. When selecting a scooter, check if you can lift the largest, heaviest part when disassembled. This may help determine how transportable it is for you.