

CVS POLICY & PROCEDURE MANUAL

Policy Area: Service Delivery

Policy # & Name: 5.16 Personal Care

Group: All Staff, Volunteers, Practicum Students

Purpose:

Respect and dignity are integral to CVS's philosophy. It is our goal that this philosophy be reflected in our approach to personal care.

Policy Statement:

Dignity and respect are the absolute priority when assisting with personal care or any care which requires physical contact. CVS ensures that personal care is provided to clients in a professional and respectful manner and with the informed consent of the client.

Children and adults are treated professionally and respectfully. Clients are familiar with staff before staff begin providing personal care.

Practice Standards:

For new clients, parents and/or residential staff should arrange several visits / orientation to ensure the building of a relationship. The person receiving assistance must feel comfortable with the staff person and when possible, the person receiving assistance should give permission.

All people have control over their own bodies. It is their right to refuse care and deny permission. Every client must be given the opportunity to exercise that right.

Many individuals that CVS provides service to are not able to express their choice in a traditional manner. Each individual must therefore have a detailed care plan which addresses this issue and explains the manner in which to approach this individual.

While personal care of any kind in a residential setting may become routine, it should never become impersonal or thoughtless. All individuals, regardless of their level of functioning, are sexual. Each individual, however, may be in a different stage of development in this regard.

Many individuals who were institutionalized have experienced the process of being "desexualized". They have been handled by so many different caregivers in so many situations with little regard for their privacy or modesty that they have likely not developed a strong sense of being a male or a female. This puts these individuals at greater risk of being victimized in their own home and in their community. The process of personal care should be an opportunity for the caregiver to educate the client about modesty, appropriate touching, body parts, and boundaries. This should be communicated verbally (i.e.; "I'm going to cover you up now") and by the way we perform their personal care with respect, dignity and modesty.

Follow these general principles when providing personal care:

- ? Be respectful and encourage dignity when assisting with care.
 - ? Ensure all providers of personal care are aware of appropriate methods and approaches for providing care; be consistent.
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- ? Enhance the process of the individual learning about appropriate touch and personal boundaries; model appropriate touch.
 - ? Increase the likelihood of the individual knowing the appropriate name for body parts by consistent use of language.
 - ? Protect yourself.
 - ? Ensure that the individual feels familiar, safe and comfortable with the established routine.
 - ? Enable the individual to exercise maximum control and participation in their care.
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Policy Audit: March Annually

Date Issued: March 2004

Date Revised: March 2005

Position

Responsible: Executive Director, Health & Safety Committee

References:

- ☒ Personal Care Procedures (attached)
- ☒ SDA 5.16.A – Residential Care Plan
- ☒ SDA 5.16.B – Daily Personal Hygiene
- ☒ SDC 5.16.A – Youth Personal Care Plan

Personal Care Procedures

Definition

Personal Care refers to help with toileting, washing, bathing and care of the person.

Residential Care Plan (SDA 5.16.A) is an internal document outlining the methods, positioning, and order for provision of personal and individual care to ensure consistency of routine among workers.

Youth Personal Care Plan (SDC 5.16.A) is an internal document outlining the youth's personal care routine and granting permission to provide the personal care.

Personal Care Procedures

1. Staff are required to be familiar with each individual's Residential Care Plan before performing personal care. Be aware of any allergies and/or sensitivities.
2. If the person is able to grant permission, request their permission before proceeding.
3. Staff assisting with personal care will do so in a private place, outside the view of others. Ensure the person is not visible to people walking by. When away from the home/facility determine in advance where suitable private washrooms exist so that personal care may be provided outside the view of others.

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4. Have the person participate as much as possible. If a person requires total assistance, place a cloth between your hand and theirs, guide their hand to do the care where they can reach, remember to talk as you go; offer lots of praise and encouragement for participation; increasing the amount they participate over time; there is no hurry; the experience should be calm and relaxing.
5. Talk while you touch. Explain to the person what you are doing as you proceed. Maintain eye contact or avert your eyes from the private parts of the body. Use the correct words for parts of the body if making reference to parts of the body. Ensure your own actions convey confidence to avoid embarrassment for the person. Continue talking after the routine.
6. Keep private areas covered whenever possible; this applies especially to individuals who are non-verbal and appear to show little or no interest as to how “exposed” they are; this will help develop in them a sense of modesty and boundaries for community behavior.
7. Always have something between your hand and the individual being assisted to avoid skin to skin contact, i.e. wash cloth, gloves, etc.
8. Always use gloves for perineal care.
9. Volunteers or peers are not to be involved in the provision of personal care. The number of staff involved in the person’s personal care should be as limited as feasible. Whenever possible or if determined necessary by the Program Manager, CVS staff will ensure that personal care is provided to clients by a staff person of their own gender.
10. Intervention should be as non-intrusive as possible and the independence of the person should be encouraged.
11. The hierarchy of intrusiveness would be:
 - a) reminders
 - b) prompting
 - c) partial assistance
 - d) hand-over-hand
 - e) total assistance.

Bath

Bathing promotes a feeling of well being.

Bathing is an opportunity for the person to exercise, stretch and experience their range of motion. Refer to care plan for more information. Remember to be gentle and take great care when extending or stretching limbs. Do not move past the person’s point of resistance.

Offer individual an opportunity to go to the bathroom before starting bath.

Protect the individual's privacy and dignity.

Bed Bath

1. Wash hands, put on latex / vinyl gloves and collect equipment.
 - ? Latex / vinyl gloves
 - ? 1 Linen

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- ? 1 bath and 1 hand towel
- ? 2 facecloth
- ? peri cloths
- ? bath blanket
- ? clean gown, pyjamas or clothes
- ? appropriate clean linen for bed if bedtime
- ? Basin
- ? filled with warm water (40 degrees celsius or clients choice)
- ? change water as necessary to ensure water remains clean and warm (i.e.; after peri care and feet)

Soap

- ? mild soap and peri wash

Personal Supplies

- ? deodorant, powder, lotions, etc.

Bedpan / Urinal

- ? incontinent system if necessary

2. Address the individual and explain procedure.
3. Determine amount of assistance required by the individual. Encourage his or her participation if possible.
4. Prepare environment: privacy, draught free, and convenient.
5. Prepare the individual.
 - ? place a bath blanket
 - ? raise bed to comfortable position to promote good body mechanics
 - ? offer bedpan / urinal if necessary (wash hands & change gloves again if handling bedpan/urinal)
6. Position the person close to you.
7. Give mouth / denture care or permit the individual to do so.
8. Wash eyes first, from inner aspect to outer. If he or she has crusting or discharge around eyes, this may be removed by gently holding a warm, damp facecloth against eye for several seconds before wiping. If this is unsuccessful in removing discharge consult with nurse and or physician.
9. Ask if the individual uses soap on rest of face. Wash and dry the individual's face.
10. Wash and dry ears and neck.
11. Remove the individual's pyjamas or gown.
12. Using one bath towel to protect bedding, lay his or her arm on towel. Usually wash from near to far and top to bottom. Repeat with other arm. Soak hands in basin (if possible).

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13. Protecting the person's privacy, wash chest, abdomen and axilla (under arms). Pay particular attention to areas under breasts and dry well as these areas may become excoriated.
14. Complete any needed skin and pressure point care as bath progresses.
15. Cover individual and change water.
16. Do perineal area, front and groin. See peri care section for greater detail.
17. Turn the individual. Get help if necessary. Complete peri care (buttocks / rectal area). Change water.
18. Place towel lengthwise along back; wash, dry and massage back. Observe skin for pressure areas.
19. Position the individual on back using same procedure as for arms. Flex knees to wash legs.
20. Wash and dry feet separately. Soak in basin (if possible). Dry well, paying special attention to spaces in between toes.
21. Remove equipment and make occupied bed if necessary.
22. Position the individual comfortably. Provide grooming as necessary. Return him or her to a safe position (i.e. raise side rails on bed if applicable).
23. Tidy environment, dispose of incontinent supplies, gloves, etc.
24. Record / report any significant findings.

Whirlpool Bath - Aquatech Insert Lifts

Safety

Never leave the individual unattended in tub.

Procedure

1. Wash hands, put on latex / vinyl gloves and collect equipment
 - ? latex / vinyl gloves
 - ? 2 towels
 - ? facecloth
 - ? fresh clothing and underwear
2. Fill tub with 40 degree celsius water. Check temperature or have the individual check temperature.
3. Address the individual and explain procedure.
4. Prepare the individual. This should be done with two staff as follows:
 - ? undress, remove jewelry, eyeglasses, hearing aids, etc.
 - ? transfer from bed using lift and appropriate sling
 - ? cover the individual with blanket or large towels to maintain privacy and avoid chills or dress in cozy housecoat; bring fresh clothes / underwear and slippers
 - ? wheel to tub room

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5. Raise the individual to clear tub sides and position lift so that he or she is directly over the tub. Hold him or her for reassurance. Ensure that tub insert is at correct height. Lower individual into tub removing towels or blanket before they are immersed. Ensure that feet and arms are not caught or pinned at any time. Continue lowering until sling can be detached from lift. Move lift mechanism out of the way. One person should always be by the side of the client to ensure their comfort and safety.
6. Engage whirlpool action if it has not already been started.
7. Proceed to bathe the individual, remembering to allow the individual to do as much as possible. Clean all areas of body focusing on folds, underarms, under breasts and between toes.
8. Check ears and umbilicus are clean.
9. Turn off whirlpool action if shampoo is required. Use hand held shower head. Check that temperature is comfortable. Wet hair thoroughly. Apply shampoo and massage into scalp. Rinse hair thoroughly. Shield the individual's eyes and ears with your free hand.
10. Open drain to empty tub. Cover the individual with large towels as water level decreases. Gently pat dry all areas, paying special attention to folds.
11. Place lift in position and reattach sling. Ensure that client is covered and comfortable. Raise lift to clear tub sides paying attention that arms and legs do not catch or become pinned.
12. Return the individual to room and place on bed to change clothes (see Dressing).
13. When the individual is dry, dressed and comfortable in their chair, wash tub and lift insert with recommended tub cleanser. Run whirlpool action as per tub instructions to clean jets. Ensure that the tub is clean and germ free. This reduces risk of cross-infection.
14. Tidy environment, dispose of incontinent supplies, gloves, etc.
15. Record / report any significant findings.

Tub Bath

Many tub aids are available and may be in use to assist client with mobility problems: bath benches, grip rails, tub inserts, etc. Refer to directions for use of these if unfamiliar with an accessory.

Procedure

1. Wash hands, put on latex / vinyl gloves and collect equipment.
 - ? latex / vinyl gloves
 - ? bath towels
 - ? soap, shampoo, powder, personal items
 - ? clean clothing
2. Address the individual and explain procedure.

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3. Assemble equipment on a chair near tub. Have the individual use toilet before bathing.
4. Fill tub 1/2 full of water. Adjust temperature considering the individual's desires, comfort and safety.
5. Place towel or rubberized mat on floor beside tub.
6. Assist the individual as necessary to undress and get into tub. Encourage use of hand bars (if one-sided weakness, lead with weak side and hold client on strong side).
7. Assist with bathing as needed.
8. Stay with the individual. If he or she requests privacy this should be addressed in their care plan and in consultation with funding Ministry.
9. Assist the individual out of tub and onto towel-covered chair. Assist to dry as required, observing skin condition. Ensure areas susceptible to breakdown (skin folds, underarms, between toes etc.) are clean and dry.
10. Assist as needed with dressing in clean underwear and clothing. See "Dressing".
11. Use recommended cleanser to clean tub and rinse well. This will prevent cross-infections.
12. Dispose of incontinent supplies, gloves, etc.
13. Restock area for next individual. Tidy environment and record / report any significant findings.

Bedpans

1. Wash hands, put on latex / vinyl gloves and collect equipment.
 - ? latex / vinyl gloves
 - ? bedpan with cover
 - ? toilet tissue
 - ? peri care supplies if needed
2. Address the individual and explain procedure.
3. Ensure privacy (i.e.; close door), do not leave client on bedpan without cover (blanket).
4. If using a metal bedpan warm with hot tap water. Dry well.
5. Raise bed to comfortable working position to promote good body mechanics. Lower foot of bed.
6. Lower side rail. Place bedpan next to the individual's hip with open end pointing towards foot of bed.
7. If individual is able to lift buttocks:
 - ? assist him or her to bend legs and dig heels into mattress
 - ? with hand closest to top of bed, assist with lifting the buttocks off the bed

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- ? with other hand, slide bedpan underneath buttocks
 - ? be sure open end of bedpan is positioned 2-3 inches in front of pubis
- If the individual is unable to lift buttocks:
- ? turn him or her away from you
 - ? place bedpan against buttocks
 - ? hold bedpan in place while assisting client onto back lying position
 - ? check to make sure bedpan is centered
 - ? be sure open end of bedpan is positioned 2-3 inches in front of pubis
8. Adjust bed linen.
 9. Raise side rail and head of bed to ensure slight slope down toward feet.
 10. When the individual is finished lower bed rail and remove bedpan place it on a used towel or medi pad that will be placed in laundry.
 11. Provide personal care as required.
 12. Return the individual to position of comfort and safety.
 13. Take bedpan to bathroom. Observe contents, record and report as required.
 14. Empty contents into toilet.
 15. Rinse and wash bedpan with antibacterial solution.
 16. Dispose of gloves, etc.
 17. Wash hands.
 18. Tidy environment and report / record any significant findings.

Commode

1. Wash hands, put on latex / vinyl gloves and collect equipment.
 - ? latex / vinyl gloves
 - ? commode chair
 - ? toilet tissue
 - ? peri care supplies if needed
2. Address the individual and explain procedure.
3. Provide privacy.
4. Place commode next to bed or wheelchair and ensure brakes are applied on all apparatus. Assist the individual, with proper footwear to transfer to commode chair. Ensure that the individual's rectum and genitals are positioned over commode chair hole.
5. Position chair over toilet or install receptacle pan under commode seat.
6. Do not leave the individual unattended without suitable precautions (seat belt).
7. When the individual is finished assist with personal hygiene as needed.

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8. Assist individual back to bed or wheelchair. Adjust clothing and position them for comfort and safety.
9. Return commode chair to washroom. If receptacle was used, observe and measure contents as needed, empty into toilet and then rinse with water and antibacterial solution.
10. Dispose of gloves, etc.
11. Wash hands.
12. Tidy environment and report / record any significant findings.

Dressing

Allow client to choose own clothes if they wish to do so.

For individuals who do not communicate in a traditional manner, try holding up two different options. Look for any noticeable preference in their gaze. If they seem to focus on one more than the other say "oh, you like this outfit". This kind of choice-giving can be used for many household routines.

If a person is in bed most of the day, bedclothes are preferred. If a person spends most of the day out of bed, encourage to dress in street clothes.

Be careful with neck, arm and legs. Do not overrate or extend when trying to dress. Remember: an INFLEXIBLE arm or leg is first into the garment and last out.

Refer to individual's care plan for additional information.

Glasses

Glasses should be stored in cases where possible.

Glasses should never be laid glass side down since hard surfaces may mark or scratch lenses.

Glasses can be cleaned with warm water and soap. This should be done several times a day.

Special cleaning solutions are available. Use soft tissues.

Hair Grooming

Attractive hair is an important part of everyone's grooming needs. To be attractive, the hair must be clean and nicely arranged. Brushing and combing is done every morning and redone as needed.

Procedure

1. Encourage individual to brush or comb own hair.
2. Position individual comfortably in front of mirror.
3. If he or she has difficulty with hair in back, assist as necessary. Use hand-over-hand prompting. If the individual is resistive do the brushing for them and then have them finish the job. Try increasing the amount they do as their comfort level increases. This should be a no-stress experience. Back off if client is uncomfortable with this process. If unable to complete task with or for this individual, document in log notes and

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notify your supervisor. This can then be addressed as part of an overall plan.

4. If the individual is unable to groom own hair, ask how they would like it done.
5. Talk to client through the whole process.

Hearing Aids

Keep hearing aids dry (remove before bathing or swimming).

Make sure the aid is in "off" position for bedtime.

Opening battery door will also shut off battery and prevent battery drain.

Keep ear mold clean by wiping with Kleenex or special cleaning fluid.

Do not use alcohol to clean ear mold, since it may dry out the material and cause it to crack.

Check battery for effectiveness prior to inserting.

Hi-Low Beds

Always raise bed to a comfortable height for your back when doing any personal care.

Always return bed to lowest position when finished with procedure--for the individual's safety.

Always ensure that the individual's limbs are safe, and not protruding from side of bed, before raising or lowering bed.

Side Rails

Never work over side rails--watch body mechanics.

If unsure how to operate, seek assistance; some older side rails can drop very quickly and in a dangerous manner if locking mechanism is not properly engaged.

Report any malfunction of side rails at once.

Never leave the individual unattended in bed without side rails locked in up position.

Make sure the individuals knees, feet and arms are out of way before raising or lowering side rails.

Check for tubing and collection bags before raising or lowering.

Incontinent Systems

1. Wash hands, put on latex / vinyl gloves and collect supplies. Ensure proper size of disposable brief.
2. Address the individual and explain procedure.
3. Provide privacy.

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4. *To change the individual in wheelchair:*
 - ? place brief in front of seat so the individual will sit in center of brief
 - ? secure tapes starting at bottom first*To change the individual in bed:*
 - ? assist him or her on side, place brief with top edge even with hip
 - ? roll the individual back on centered brief
 - ? fit leg gathers snugly into leg creases
 - ? secure tapes starting at bottom first
5. Remove soiled brief by unfastening tapes and remove.
6. Provide peri care as necessary.
7. Replace with clean brief.
8. Dispose of brief, gloves, etc. Never place soiled brief or other items on any household surfaces (floor or bed).
9. Wash hands.
10. Tidy environment and report / record any unusual observation of urine or stool.

Monthly Weights

CVS staff will weigh and keep a monthly record of weight for all residents. House Supervisors will establish a monthly routine, designating staff to be responsible for weighing which will be documented utilizing CVS's Daily Personal Hygiene form (SDA 5.16.B).

Marked variations will be reported to the Physician and/or Nurse Consultant and/or Dietician.

Nail Care

Nail and foot care helps to prevent infection, prevent injuries, prevent odors and promote cleanliness. Foot problems can result from poor circulation, disease, poor fitting shoes / socks, and toenails that are not trimmed properly.

Diabetic individuals need special attention to foot and nail care. Refer to individual's care plan if applicable.

Procedure

1. Wash hands, put on vinyl / latex gloves and collect equipment.
 - ? latex / vinyl gloves
 - ? foot soak basin
 - ? bath towel
 - ? paper towel or bath mat
 - ? nail clipper
 - ? skin lotion
2. Address individual and explain procedure.

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3. Fill foot basin with warm water. Ask him or her to test temperature of water with fingers or test yourself if he or she is unable to assess temperature reliably.
4. Place basin on mat or paper towel.
5. Assist individual to put feet in basin. Allow to soak for 5-10 minutes.
6. If client has had a bath, eliminate steps 3-5.
7. Dry feet well. Be sure to dry between toes. Moisture promotes the growth of micro-organisms.
8. Trim nails straight across with clippers. This will help to prevent in-grown toe nails.
9. File nails smooth with emery board or nail file.
10. Observe condition of hands or feet and apply lotion if applicable. Dry off excess with towel.
11. Put on clean socks and shoes.
12. Dispose of gloves; return lotion to storage place.
13. Tidy environment and report / record any significant findings.

Morning Care

1. Review care plans and adjust needs as necessary.
2. Awaken / identify individual and introduce self. Explain procedure.
3. Wash hands, put on latex / vinyl gloves and collect equipment.
 - ? latex / vinyl gloves
 - ? peri cloth / hand towel
 - ? perineal care equipment
 - ? mouth care equipment
 - ? client's clothing to include undershirt or slip, underpants or brief, stockings, shoes, outer clothing
 - ? safety devices if require
4. Assist the individual to bathroom.
5. Provide mouth care.
6. Wash and dry the individual's face, hands under breasts and arms. Begin with eyes, working from inner to outer. Use clean part of cloth for each stroke. If eyes appear crusty, leave warm damp facecloth over eyes for a few minutes to soften and then wipe again with clean part of cloth.
7. Perform perineal care.
8. Dress top of individual. Dress affected side first.
9. Comb and style hair.
10. With client still sitting, put on socks, briefs / underpants, pants and then shoes.

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11. Dispose of incontinent supplies, gloves, etc.
12. Tidy environment, restock supplies and record / report and significant findings.

Oral Hygiene

1. Wash hands, put on latex / vinyl gloves and collect equipment.
 - ? latex / vinyl gloves
 - ? toothpaste
 - ? toothbrush
 - ? glass of rinse water and spit bowl if teeth brushing can not be performed near sink
2. Address individual and explain procedure.
3. Assist individual to the sink.
4. Assist individual to brush teeth, gums and tongue. Try using hand-over-hand if the individual is resistive. If he / she is very resistive do most of the brushing and then use hand-over-hand to help them to finish the job. Then, as he or she becomes more comfortable with this process, try to have them do a little bit more. This is 'backward chaining'. Make sure that the process is pleasant as possible. There should be no need to rush or do anything else that may cause stress or discomfort. Observe condition of mucous membrane. Rinse mouth with water and mouthwash (if appropriate).
5. Dry mouth and use glycerin swabs or any other topical application recommended in this individual's care plan.
6. Tidy the environment and report any significant findings.

Special Mouth Care

People who are very ill, dehydrated and / or mouth breathing may experience dryness in the mouth and lips area. Cracking and bleeding of the oral tissue may result from excessive dryness. Excessive mucus may form and coat the teeth, tongue and lining of the mouth and cause a foul odor. Mouth breathing clients should have mouth moistened every two hours or as necessary.

Procedure

1. Wash hands, put on latex / vinyl gloves and collect equipment.
 - ? latex / vinyl gloves
 - ? soft toothbrush
 - ? cotton gauze
 - ? towel
 - ? kidney basin
 - ? tongue depressor
 - ? lemon / glycerin swabs or toothettes
 - ? cup with water and / or mouthwash

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2. Address client and explain procedure.
3. Prepare environment and position the individual preferably sitting upright, or if in bed, lying on their side.
4. Using a clean applicator, put small amount of Vaseline on individual's lips.
5. If client has excessive debris in mouth, i.e.; food, wrap gauze around index finger to clean mouth. Hold mouth open, wipe client's entire mouth with swabs or moistened toothettes. Massage gums gently.
6. Rinse mouth with water or mouthwash if applicable.
7. Observe condition of mucus membrane.
8. Remove gloves.
9. Tidy environment and report / record any significant findings.

Perineal Care

Perineal care is the cleansing of the genital area to prevent infection and refresh the client, particularly if the client has difficulty with bladder and bowel control.

Procedure

1. Allow the individual to use the toilet if possible.
2. Assist client to bathroom or bedroom.
3. Assist client to undress. Place soiled clothing in hamper. Cover with large towel or blanket.
4. Wash Hands, put on latex / vinyl gloves and collect equipment (most of the homes have an equipped peri cart).
 - ? latex / vinyl gloves
 - ? peri cloths
 - ? peri solution
 - ? needed ointments or lotions
 - ? you should have two bags or containers, one for soiled cloths and one for disposables such as soiled Depends (adult diapers). Soiled items must always go directly and immediately into the appropriate bag or receptacle.
5. Address client and explain procedure.
6. *Pericare - Female*
 - ? Separate labia and cleanse from urinary meatus down to perineum using a clean surface for each stroke. This is also known as cleaning "front to back". Never clean from rectum to the area of the genitalia. This could introduce harmful bacteria from the rectum to the vagina. The surface of a cloth that has touched the area of the rectum must never be used to clean any other area of the client's body.
 - ? Wash down each side of labia.
 - ? Cleanse across supra pubic area, groin, down upper and inner thighs. Dry all areas well - moisture promotes the growth of bacteria.

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Pericare - Male

- ? Retract foreskin if client is uncircumcised.
 - ? Cleanse urinary meatus using a circular and outward motion.
 - ? Replace foreskin to its natural position (if the client is uncircumcised).
 - ? Cleanse shaft of penis with firm strokes away from the meatus.
Cleanse scrotum.
7. Turn client on side facing away from you.
 8. Cleanse and dry buttocks.
 9. Cleanse and dry anal area.
 10. Remove and discard gloves.
 11. Tidy environment and wash hands.

Shaving

Electric Razor

1. Wash hands and collect equipment.
 - ? electric razor (each client should have their own - if not, use alcohol swab to clean razor heads).
 - ? face cloth and towel
 - ? small brush for razor
2. Address individual and explain procedure.
3. Wash and dry face.
4. Keeping skin taut, shave with a circular motion over face and under jaw line area.
5. Use clipper portion of razor to remove hair growth (i.e.; sideburns).
6. Apply skin toner or lotion.
7. Tidy environment and clean razor with small brush.

Safety Razor

1. Wash hands, put on latex / vinyl gloves and collect equipment.
 - ? Latex / vinyl gloves
 - ? wash basin with warm water
 - ? face and hand towel
 - ? safety razor (never use another person's razor - if unsure use a fresh blade)
 - ? shaving cream
 - ? after shave, lotion if desired
2. Address individual and explain procedure.
3. Position client comfortably.
4. Place hand towel over chest.

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5. Wash face.
6. Lather shaving cream and small amount of water in hand. Apply to face.
7. Keeping skin taut, shave in direction of hair growth. Rinse razor often. Use short strokes.
8. Wash off remaining shaving cream. Dry face with towel.
9. Apply after shave lotion to face.
10. Tidy environment and report and record any significant findings.

Skin Care

Healthy and unbroken skin is the best protection against unwanted micro-organisms. Keep skin healthy by promoting adequate hydration, moisturization and circulation.

Caregivers have the opportunity to notice changes in the individual's skin condition while assisting to bath and dress.

Ensure that lighting is adequate for accurate observation.

When cleansing or handling the skin for any purpose, guard against pulling, scraping or holding the skin too firmly.

Guidelines for observation and reporting:

- ? changes in colour, i.e.; black and blue marks, jaundice, redness etc.
- ? newly discovered growths and / or changes to moles
- ? open areas
- ? raised areas such as rashes or blisters
- ? complaints of itching, burning or discomfort
- ? swelling of any area.

When providing care, pay special attention to the following areas: under breast tissues, abdominal folds, groin areas, contracted axilla (underarms), hands, back of knees. Micro-organisms grow in warm, moist environments.

Gently cleanse and pat dry area well. Additional friction may cause damage to the area.

Special ointment or lotion may be applied. Check with Supervisor or care plan. Excess ointment or powders may cause additional micro-organism growth.

Apply soft cloths (flannels) to area, if appropriate. This promotes better air exchange to area and prevents skin from rubbing together.

Check and cleanse areas regularly.

Urinals

1. Wash hands, put on latex / vinyl gloves and collect equipment.
 - ? latex / vinyl gloves
 - ? urinal
 - ? toilet tissue
2. Address the individual and explain procedure.
3. Provide privacy.

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4. Position the individual in wheelchair to sit as upright as possible.

Male

- a) Position penis in urinal.
- b) Place handle side up.
- c) If male urinal is to be left in place for any length of time provide cloth padding around rim to prevent skin abrasion.

Female

- a) Position the individual to front of chair.
 - b) Dust the rim of female urinal with corn starch powder to make it easier to slide.
 - c) front edge of female urinal is flat so that it can slide under the individual.
 - d) glide this edge under clients pubic region until urinal is pressed gently around vagina.
5. Cover the individual as necessary.
 6. When client is finished, remove urinal.
 7. Assist the individual with personal hygiene as necessary.
 8. Return individual to position of comfort and safety.
 9. Take urinal to bathroom. Observe and measure contents if required.
 10. Rinse urinal with water and anti-bacterial solution.
 11. Wash hands.
 12. Tidy environment and report / record any significant findings.