Supporting personal care

Support a person to meet their personal care needs in a health and disability setting.

Level 3  Credit 6

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Supporting personal care
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Name ..............................................
Employer .......................................... 
NZQA number .....................................
Date ................................................

‘All the answers in this workbook were completed by me.’

Signed .............................................
Welcome to Supporting personal care one in a series of workbooks especially developed for support workers in the CPQ (Career Pathway Qualifications).

How do I use this workbook?
- Use highlighters to identify the important ideas.
- Take your own notes.
- Complete activities as you go through the workbook and write answers in the spaces provided.

What will I learn about?
When you have finished this workbook you will have learned more about:
- Providing personal care.
- Dignity and privacy.
- Supporting a person with their personal care.

Look before you leap!
Take the time to go through this workbook before starting on the activities. Read the sections and make notes as you go.

Acknowledgements
This workbook has been designed to support your learning and prepare you for the unit standard assessments.

The contents of this workbook include scenarios, learning activities and activities for general health and disability settings. They are not specific to any setting and should be used as a general guide for learning.

Careerforce would like to sincerely thank the people who have contributed their time and effort into each workbook in:
- Research and content validation.
- Advice and expertise.
- Testing of activities and assessments and their personal experiences.

And to the people who have contributed a human dimension to the workbooks.
Supporting personal care: Getting started

**Assessment portfolio**

The trainee assessment portfolio contains assessed activities and workplace verification, which must be assessed to complete the unit standard. These questions or tasks must be completed and signed by your workplace assessor in order to complete the unit standard.

**Learning activities**

These help with your understanding of the content and will help you with workplace verification tasks. The instructions and answer panels for learning activities have a light yellow/orange background like this.

**Stop activities**

You will also come across the pencil in places where you are asked to STOP (see the graphic on the left) and record your existing knowledge or impressions, as a reference point to return to later.

**Pause and Rewind activities**

Pauses are for summarising, questioning, and reflecting as a reference point to return to later. Rewinds take you back to a PAUSE, STOP or TEST YOUR KNOWLEDGE and give you an opportunity to add to, change or validate some of your initial thoughts and ideas.
Personal care includes checking equipment and setting it up for use.

An important aspect of personal care is being there so the consumer can request assistance if needed.

After the planning, preparation and conducting comes the clean-up.
Before you go any further in this workbook, think of what you know about personal cares…

TEST YOUR KNOWLEDGE

Here are some things to get you thinking…

Supporting a consumer with their personal care is one of the most important areas you will cover in your role as a support worker. Some factors to consider while conducting personal care include—respect, dignity and privacy.

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<tr>
<th>What does this mean?</th>
<th>How do you do this now?</th>
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<td>Respect</td>
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What are other factors you may need to consider?
Providing personal care

Personal care means support with showering, bathing, toileting, dressing and/or undressing, eating and drinking and other similar activity.

Some of the consumers you work with will need support with personal care because of a disability or a health need.

Personal care involves all the things that keep the body clean and healthy.
Providing personal care

Clean and healthy body
Personal care is the support a consumer needs to help them maintain a clean and healthy body. This can include:

- Aural care.
- Hair care.
- Skin care.
- Toileting.
- Continence care.
- Oral hygiene.
- Nail care.

Personal care to keep the body clean and healthy includes:

- Showering, including bathing or sponge bathing.
- Going to the toilet, including the use of equipment needed to help a person, such as hand rails or continence equipment.
- Mouth care, including brushing teeth and gum care.
- Hair or skin care, including keeping skin healthy and nails clean.
- Dressing, including the consumer choosing which clothes to wear.
- Eating or drinking, including any equipment or special diet needed by the consumer.

Steadying a consumer as they enter or exit the shower is part of providing personal care. Here, a consumer steadies himself while the support worker guides him out of the shower.

Aural care—relates to caring for our hearing.

Continence care—relates to helping a person manage their bowel and bladder functions.

Oral hygiene—care of the mouth, gums and teeth to prevent tooth and gum disease.
Providing personal care

Personal care includes support with appliances and aids which help consumers with their personal care.

- Ostomy appliances
- Shower chairs
- Hoists
- Bath boards
- Hand rails
- Wheelchairs
- Wound dressings
- Splints and slings
- Compression hosiery
- Catheter bags
- Toilet chairs
- Support bandages
- Continence products

Personal care involves supporting consumers with appliances and aids.
Providing personal care

A consumer may have difficulty doing some or all of their own personal care.

A consumer's ability to carry out their own personal care may be temporary or permanent.

The service delivery plan (SDP) will tell you what personal care a consumer needs support with and how long they are likely to need it for.

A support worker may help by:

- Assisting with dressing and undressing.
- Assisting with eating and drinking.
- Positioning a person comfortably and safely.
- Providing access to personal comforts such as having a radio that the consumer can control or placing a box of tissues within reaching distance.

In the context of this book, toileting includes more than using the toilet. It includes the use of continence products.

Setting up and checking equipment is part of providing personal care. Here, a support worker places a special board on the bath for the consumer to sit on while being washed and/or showered.
Providing personal care

Holistic needs
When supporting consumers with their personal care it is essential to consider their holistic needs.

Holistic needs are the combination of factors that can add to, or take away from a person’s wellbeing. In combination they can make a person ‘feel whole’.

These include:

• Physical needs.
• Emotional needs.
• Mental wellbeing.
• Spiritual wellbeing.

A consumer’s SDP gives an outline of services the support worker should provide for the consumer.

Physical needs
Making sure the needs of the consumer are met to maintain a clean and healthy body.

This covers showering, toileting, bathing, eating and drinking.

Emotional needs
This relates to how the person feels about themselves and their life in general. This can affect whether the person has a positive or negative attitude. When emotional needs are met, the person is more likely to be happy and fulfilled.

This includes being accepted, feeling in control, feeling valued and respected, being loved and being included.
Consider their rights
When supporting a consumer with personal care you must consider their rights. It’s important to make sure you:

• Respect each consumer as an individual.
• Maintain their privacy.
• Communicate effectively.
• Obtain informed consent before carrying out/supporting care.
• Provide a service of an appropriate standard.
• Encourage the consumer to do as much for themselves as possible, therefore maintaining their independence.

Mental wellbeing
This relates to how we think about things, and how we value and accept ourselves. It includes how we react when things go wrong or to do things we can’t change.

Good mental health is supported when we are realistic about our expectations, we are happy and we eat well, exercise and get regular sleep.

For example—a consumer may be feeling really down about their future, because they have had a period of ill health.

Spiritual wellbeing
Making sure you know about and respect the spiritual beliefs and needs of a consumer when carrying out personal care.

A consumer may ask you to follow certain procedures or protocols. You should always ask the consumer about appropriate personal contact for them, such as touching their head or exposure of body parts.

Making sure the consumer is comfortable with those supporting them for example, female or male support worker.

Providing personal care
Providing personal care

A consumer may need support with personal care because of:

- A medical condition that affects how they live.
- A physical disability that affects their ability to move around or live.
- Pain due to their medical condition or disability.
- A sensory disability that affects their ability to see or hear.
- An intellectual disability that affects their ability to make decisions.
- Depression or other mental illness that affects their ability to care for themselves.

Each consumer may have more than one of these reasons for needing support.

These reasons could change over time and may affect how they:

- Control their body movements.
- Make decisions about their needs.
- Feed themselves.
- Behave.
- Look after their own health and skin.
- Control when they need to go to the toilet.
- Give or receive instructions.

Supporting a consumer with personal care is one of the most challenging things for a support worker to learn to do.
**Learning activity**
Read a SDP for one of your consumers and identify two specific personal care tasks you support the consumer with.

For each task identify how you have supported their:

- Mental wellbeing.
- Physical needs.
- Emotional needs.
- Spiritual wellbeing.

It may not be possible to support all four holistic factors. If you are not able to support one or more holistic factor, then please provide an explanation.

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<th>Personal care task #1</th>
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<td>Mental wellbeing:</td>
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<td>Emotional needs:</td>
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<td>Spiritual needs:</td>
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Providing personal care

An important part of providing personal care is taking note of the consumer’s physical condition and acting effectively on any concerns.

**Physical condition changes may include:**
- More breathless than usual.
- Bruises and skin tears.
- Swelling of hands and feet.
- Rashes.
- Going to the toilet more or less frequently.
- Appearing to be in pain, moaning when moving, whining, wincing.
- Not eating or drinking.

In your role as a support worker it is your responsibility to report any changes in a consumer’s physical condition.

Your organisation will have policies and procedures which will outline who you report these changes in the consumers condition.

Personal care includes supporting a consumer to carry out activities of daily living that are concerned with personal comfort, hydration and nutrition.

Any change in physical condition should be reported. A change may be positive, meaning the consumer is improving their independence and may not need as much support in the future.

However, a change in physical condition may also mean that the consumer may need more support in the future.
Your organisation will have policies and procedures on reporting. Look at these to see what they have to say about reporting in regards to physical condition changes or concerns.

What is physical condition?

What sort of changes might you be looking out for?

Why is it important to maintain good physical condition?
Providing personal care

Functional ability is what the consumer is currently able to do independently.

To support a consumer effectively you need to know what the consumer is able to do, and what they need support with. Consumers’ SDPs contain this information.

Getting to know your consumer is the most important thing to do.

Your organisation will also have policies and procedures that inform you of how you should be supporting the consumer with their personal care.

For example—a consumer may be able to wash the top half of their body, but due to poor balance and flexibility can’t reach the lower half of their body. Care is needed then to support them with this task.

Your role as a support worker is to encourage the consumer to do as much of the task for themselves as they are able and then support the consumer to complete the task.
Providing personal care

Each person you support with personal care is an individual with their own experiences of life and culture, their own needs and feelings and their own likes and dislikes. All consumers regardless of illness/disability, must be treated with respect and dignity.

When you provide personal care you need to think about:
- Why you are doing the task.
- How you are supporting the person.
- Ways you encourage independence.
- What the expected benefits are.

When supporting consumers you need to ensure you:
- Treat them with dignity and respect.
- Support and encourage their independence.
- Protect their privacy as much as you can.
Providing personal care

Learning activity
Fill in the table below.

<table>
<thead>
<tr>
<th>Oral hygiene.</th>
<th>Describe something you would do to provide support?</th>
<th>How could you encourage independence?</th>
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<td>Dressing.</td>
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<td>Grooming.</td>
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<td>Showering/bathing.</td>
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<td>Eating and drinking.</td>
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Think of a time when you were supporting a consumer and you felt uncomfortable. What could you have done, or what did you do, to make the situation better?

Think of a time when you were supporting a consumer and you felt comfortable with the process, and your consumer was happy too. What did you do that made it a successful time for all?
Four steps to follow

These are the four main steps to supporting a consumer with personal care:

- Plan.
- Prepare.
- Support.
- Complete.

Plan what you are going to do before you do it:

- Read the service delivery plan.
- What does the SDP say you need to do to support this consumer?
- Find out what the consumer can do and what you will support them with, by talking with them.
- Find out their preferred method of delivery for support.
- Ensure you have had training to use any equipment that is needed.
- Talk to the Registered Nurse and/or other staff to ensure you know what the expectations of care are.
- Be aware of the consumer’s holistic needs. For example, what the consumer has planned for the rest of the day may impact on the support they need from you.

When you are supporting a consumer with their personal care, always start by looking at the SDP, then prepare the area by setting out the things you and the consumer will need. You should have been trained to use any equipment you need to carry out the personal care.
Four steps to follow

‘Be prepared’ is a good motto to follow:

• Make sure you have all equipment and other necessary materials to complete the task. For example, make sure the bathroom is warm and uncluttered, towels and linen ready, enough toiletries to complete task, and clothing ready for when showering is completed.

• Prepare the environment, for example, by putting ‘Engaged’ signs on the door and a bath mat on the floor.

• Prepare yourself by putting on protective equipment if necessary.

• Make sure any equipment that you need to use is working.

• Prepare the consumer by explaining what you’re doing and gaining consent if appropriate.

Prepare the area where you will be conducting personal care by putting items you will need within easy reach.
Four steps to follow

Conduct the activity by supporting the consumer:

- Respect for choice.
- Respect for privacy.
- Maintain confidentiality.
- Allow consumer independence where they are able to.
- Ensure consumer safety.

- Perform the task by supporting the consumer with the personal care they require.
- Also remember about different cultures, personal beliefs and preferences.
- Try to see things from the consumer’s point of view.

Check what your organisation’s procedures are for using gloves when attending to personal care.

After shaving himself this consumer has requested that the support worker tidy up any areas he may have missed. The support worker has supported the consumer by allowing his independence and then respecting his choice to request assistance.
Four steps to follow

**Follow up or finish off after the activity:**

- **Clean up.**
- **Ensure the consumer is safe and comfortable and has any personal items they may need.**
- **Put up wet floor signs.**
- **Dispose of used linen or clothing.**
- **Put any items used away.**
- **Report where necessary. Did you notice any changes in the consumer’s condition? This may mean checking the SDP and talking to your consumer.**

- **Talk with the consumer to see if there is anything they would like done differently next time.**
Supporting a consumer with personal care can mean anything from being there while they shower to holding a cup so that they can have a drink, and everything in-between.

To make sure that the support you give is safe and respects the consumer’s dignity and privacy remember—and follow—these guiding principles:

- Ask the consumer (or family member, if appropriate) what support they would like to have and how you can assist.
- Talk to the consumer and let them know what you are going to do before you do it.
- Make sure the speed and the way you do things are comfortable for the consumer.
- Be respectful and gentle. It may help to think how you would feel if you were the consumer and how you would like to be treated.

Ask the consumer (or family member, if appropriate) what support they would like to have and how you can assist.
Supporting a consumer with personal care

In this section personal care is covered in-depth over several areas. Some of these are:

- Personal grooming
- Oral hygiene
- Dressing/Undressing
- Skin care
- Ileostomy/Colostomy
- Fluids Hydration
- Toileting
- Continence/Incontinence
- Glasses
- Hearing aids
- Showering
- Safe swallowing

There may be other aspects of personal care that you want to know about. Ask your supervisor or a Registered Nurse to help you to extend your experience.
Supporting a consumer with personal care

Oral hygiene

There may be other aspects of oral hygiene personal care that you want to know about. Ask your supervisor or a Registered Nurse to help you to extend your experience.

Oral hygiene personal care includes:

- Brushing teeth.
- Dentures care and placement.
- Dealing with mouth ulcers and cold sores.

Teeth

Ask the consumer about how they brush their teeth. If possible they should be encouraged to do it for themselves, with assistance as required.

Assistance may be required, or suggestions could be offered.
For example, “Can I put the toothpaste on the brush for you?” is something you could ask a person with muscle weakness.

Always wear gloves whenever you may come into contact with body fluids. This is for your own protection as well as that of your consumer.

If possible they should do it for themselves, with assistance as required.
Oral hygiene

If you find that the consumer is unable to clean their own teeth, then you will have to do it for them.

Gather equipment:
- Toothbrush and toothpaste.
- Floss and floss applicator.
- Mouthwash.
- Gloves.

Brush teeth as you would for yourself or a child.
- Take care not to apply too much pressure as many elderly or disabled people have fragile gums and/or cheeks.
- Use circular, horizontal and vertical motions as you would for yourself.

Floss using a floss applicator.
- Take care not to push too hard onto gums between teeth.

If mouthwash is available, read the directions before administering.
- Ensure it is diluted to the right strength before it is used.
- Gargling may be difficult, especially if the consumer has a swallowing impairment.
Supporting a consumer with personal care

Oral hygiene

Dentures
Ask the consumer to remove their dentures and, if they are able, to brush them. If they are unable to do this, you will have to do it for them.

Gather equipment:
• Toothbrush and toothpaste/denture cleaner.
• Gloves.

Remove the dentures.
• To remove someone’s upper denture, grip the plate using your thumb and index finger, then gently but firmly pull down.
• The lower denture can be gently lifted using the same fingers. Once free of the gum the denture may be rotated and removed one side at a time.

Clean the dentures.
• Apply toothpaste to the toothbrush and brush using circular, horizontal and vertical movements as you would when brushing your own teeth.
• Be sure to brush both sides of the plates as food can catch in these areas and cause pressure points that may result in discomfort or ulcers.

Always wear gloves when handling dentures, particularly when removing them from a consumer’s mouth and replacing them. This is for your own protection as well as that of the consumer.
Supporting a consumer with personal care

Oral hygiene

Rinse plates well before reinserting in the consumer’s mouth.
- This is a good time to inspect the inside of a consumer’s mouth for signs of redness, swelling, ulceration or infection.
- Some dentures require special paste to hold the plates in place. Ensure you read and follow the directions before reinserting the dentures.

Always wear gloves when dealing with ulcers and cold sores. This is for your own protection as well as that of the consumer.

Mouth ulcers and cold sores
Ulcers and cold sores are very painful and must be treated with care, both for yourself and for the consumer.

A doctor may prescribe ointment for treating these conditions. Over-the-counter ointments are also available from a chemist.

Organisation’s policies and procedures enable you to support consumers with their topical ointments. If you support your consumer to apply ointments follow the guidelines for applying topical ointment(s):
- Read the directions.
- Apply the specified amount to the end of one of your fingers, and from there to the affected site. DO NOT rub in unless specified in the instructions.

Advise the consumer not to rub, suck or in any way remove the ointment.
Supporting a consumer with personal care

Dressing/undressing

Dressing and undressing personal care tasks include:
• Tying shoelaces.
• Putting on underwear.
• Making choices on what to wear.
• Overcoming inappropriate choices.

There may be other aspects of dressing and undressing personal care that you want to know about. Ask your supervisor or a Registered Nurse to help you to extend your experience.

When choosing clothing with a consumer bear in mind:
• The consumer’s wishes.
• Their ability to dress themselves.
• Their ability to toilet themselves.
• Their ability to make appropriate choices.
• Their ability to do up and undo buttons, zips and shoelaces.

It may be the consumer’s choice to wear shoes with shoelaces, even if they require assistance to tie the laces.
Supporting a consumer with personal care

**Dressing/undressing**

When supporting a person with dressing, always check the clothing is the right size, and not too loose or too tight.

Other guidelines for dressing and undressing personal care are:

- Respect the consumer’s wishes as much as possible.
  - Some elderly women like to wear their singlets under their bras for comfort. This is their choice. They may have fragile skin or seams may rub.

- Think about the consumer’s ability to dress and undress themselves.
  - Many elderly people have arthritis and they may find buttons difficult to do up and undo. For these people, zips may be a better option.
  - Rather than struggling with shoelaces, shoes with velcro may help independence as well as ensuring safety for your consumer.
  - Shoe horns are useful for assisting putting on shoes for those that have difficulty bending.
  - For people with movement issues always put clothes onto the affected limb first and take clothes off the affected limb last. For example—with right shoulder impairment, put the right arm into the sleeve first and remove from this arm last.

Where possible let the person you are supporting make the decisions required around dressing/undressing.
Supporting a consumer with personal care

Dressing/undressing

Can the consumer toilet themselves or do they need help?
- Some consumers may need help dealing with buttons and zips.
- Some consumers may need help to place or remove incontinence products. Always wear gloves whenever you may come into contact with body fluids.

Respect the consumer’s ability to make choices.
- For people who have difficulty making decisions or who may make inappropriate decisions, give two choices. For example—you could hold up a black jacket and a white jacket and get the consumer to indicate (point or say) which one they want.
- For those with less impairment, you may be best to make suggestions. For example, “You might like to wear a cardy to keep warm. It is cold today.” The consumer could then nominate which cardigan they would like to wear.
- Keep choices to a minimum as too many options may confuse.
Toileting personal care includes:

- Understanding the bladder and the bowel.
- Awareness of frequency.
- Observing hygiene practices.

For a number of reasons, a consumer may have difficulty with toileting.
This may be related to:

- Difficulty recognising the need to go to the toilet.
- Loss of control.
- Difficulty getting to the toilet due to physical problems such as mobility.
- Illness or frailty.
- Environmental issues such as distance from or availability of the toilet.
- Poor memory.

Incontinence or loss of control is an important aspect of toileting. It is covered in-depth at the end of this section. There may be other aspects of toileting personal care that you want to know about. Ask your supervisor or a Registered Nurse to help you to extend your experience.
To help keep the bowel and bladder healthy it is important to:

- Drink well.
- Eat well.
- Keep active.
- Take care of your pelvic floor muscles.
- Practice good toilet habits.

‘Going to the toilet’

- It is normal to be able to ‘hold on’ for at least three to four hours during the day and five to eight over the night before needing to pass urine.
- This could mean going to the toilet up to eight times during a 24-hour period.
- Passing urine involves relaxing abdominal muscles to allow the urine to flow.
- It is important to completely empty the bladder every time.
- Fluid intake also affects the volume of urine produced.
- ‘Holding on’ is good for the bladder as it helps keep it elastic and stretchy, but it is bad for the bowel.
- Normal frequency of bowel toileting can vary from three times a day to once every three days.

‘Going to the toilet’ is a term used to describe the need to urinate or defaecate. This is a need to empty our bladder and/or bowel, but when we do it and how we do it can have a huge effect on the long-term health and function of these organs.
Emptying the bladder
- Urine is produced by the body continuously and stored in the bladder.
- The bladder is a hollow muscular balloon-shaped structure that sits behind the pubic bone in the pelvis.
- On average it holds about 350ml to 500ml of urine.
- As the bladder fills it relaxes to allow this gradual increase in volume before urine is passed out of the body.
- When urine is passed the bladder contracts the urethra and the pelvic floor muscles relax and the urine flows out.
- Then the cycle of refilling starts again.

Emptying the bowel
- Normal frequency of bowel toileting can vary from three times a day, to once every three days.
- While ‘holding on’ is good for the bladder as it helps keep it elastic and stretchy, it is bad for the bowel.
- It should only take a couple of minutes to completely empty the bowel.
The perineal area is the skin surface in men and women located between the pubic bones and the tailbone.

Toileting activity usually requires several steps:

• Moving to and from the toilet.
• Positioning on and off the toilet.
• Adjusting clothing before and after toileting.
• Keeping the perineal area clean and dry without any leakage from the bowel or bladder.

Consumers may complete a toileting activity independently or with prompting.

They may also need physical assistance from one or more people to complete their toileting.

Support workers who assist consumers with this very personal matter must be aware of and respect the consumer’s privacy and dignity throughout the process. They may do this by:

• Ensuring doors are closed.
• Consumers are given private time to complete their toileting.
• The activity is undertaken discreetly.

Support workers who assist consumers with this very personal matter must be aware of and respect the consumer’s privacy and dignity throughout the process. They may do this by:

• Ensuring doors are closed.
• Consumers are given private time to complete their toileting.
• The activity is undertaken discreetly.

Some key points for good toileting habits are:

• Sit properly on the toilet, with feet firmly on the floor or, preferably, on a footstool approximately 15cm high. This helps to increase the hip angle, and a more natural squatting position.
• Lean forward with a straight back.
• Rest elbows on the knees.
• Push from the waist by making your waist wide.
• Relax and bulge the tummy muscles.
• Breath normally.
Supporting a consumer with personal care

Incontinence

Incontinence personal care includes:
- Understanding continence/incontinence.
- Hygiene practices.
- Range of products.
- Disposable or reusable products.

Understanding incontinence
- Incontinence describes a loss of bladder or bowel control that may result in involuntary leakage of urine and/or faeces.
- Urgency (needing to get to the toilet in a hurry) and frequency (wanting to go to the toilet often) are also common bladder control problems, although they are not necessarily associated with leakage.
- Many support workers find supporting a person with incontinence to be one of the most difficult aspects of their role.
- Incontinence can be unpredictable, increases the workload and can be very costly if it is not well managed.
- Support workers and family carers can feel angry, frustrated, lonely, and unable to cope, especially if they try to manage alone.

To dispose of incontinence products roll it up and put it in a plastic bag. Tie the top of the bag in a knot and dispose of it in the correct bin.

Check your organisation’s policies and procedures for disposing of the plastic bag. Make sure you know what you are expected to do.

There may be other aspects of incontinence personal care that you want to know about. Ask your supervisor or a Registered Nurse to help you to extend your experience.
Supporting a consumer with personal care

Incontinence

A continence assessment is an important step for collecting information about bladder and bowel function.

An assessment is likely to consider:
• How often the consumer goes to the toilet.
• How much urine is passed.
• What the bowel motions look like.
• How often and how much they leak from the bowel or bladder.
• What the fluid and nutrition intake is.
  Remember that hot weather will increase the body’s fluid needs.
• Current medications.
• Any other health problems.
• Ability to perform self care tasks such as toileting, dressing, getting to and from the toilet unaided.

Some of the actions which can help improve continence include:
• Maintaining an adequate fluid intake.
• Maintaining an adequate diet to prevent constipation.
• A pelvic floor muscle exercise programme.
• A bladder retraining programme (especially for urge and stress incontinence).
• A toileting routine.
• Medication.
• Continence aids (for example, pads, uridomes or catheters).
• Talking to a doctor or continence nurse about other treatment or options.

Always wear gloves whenever you may come into contact with body fluids. This is for your own protection as well as that of the consumer.

The SDP may require you to document/report this information as part of an ongoing assessment process. Management options for incontinence depend on the type of incontinence.
Supporting a consumer with personal care

Incontinence

Continence products come in a variety of formats.

<table>
<thead>
<tr>
<th></th>
<th>Pads</th>
<th>Pull-up pants</th>
<th>Mesh pants</th>
<th>Wrap-around pants</th>
<th>Catheters with leg and night bags</th>
<th>Penis pouch</th>
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<tbody>
<tr>
<td>Men</td>
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Bed protection products

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<tr>
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<th>Disposable sheets</th>
<th>Reusable</th>
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<tbody>
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<tr>
<td>Kylie</td>
<td></td>
<td>✓</td>
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<tr>
<td>Waterproof sheet</td>
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</table>
A catheter is a flexible tube that is inserted into an opening so that fluids may be introduced or removed.

- A urinary catheter is inserted into the bladder in order to drain the bladder of urine in persons who are unable to empty their bladder themselves.
- The insertion of a catheter requires a doctor’s order and should only be carried out by trained personnel using aseptic techniques.

Catheter care personal care includes:

- Changing bags.
- Cleaning bags.
- Day and night bags.

There may be other aspects of catheter care that you want to know about. Ask your supervisor or a Registered Nurse to help you to extend your knowledge.
Supporting a consumer with personal care

Catheter care

Drainage bags come in two styles:

- A night bag which can be attached to the leg bag for extra drainage overnight. The night bag needs to be well rinsed during times when it is not in use.
- A day-time leg bag which can be worn strapped to the leg.

Catheter care

- Ensure that the consumer has an adequate fluid intake of at least two litres a day.
- Empty the bag by opening the valve at the bottom of the bag. Make sure that it is tightly closed once you have finished. The bag should be emptied at least every eight hours, or more if required.
- To help prevention of infection keep the drainage bag lower than the catheter at all times. This stops fluid flowing back up the catheter into the body.
- Infection can also be prevented by good hygiene such as regular washing of the groin area with soap and water.
- Watch for redness, pain and odour which may indicate infections. Any signs of infections should be followed up as soon as possible. Report to your supervisor.
- You may be asked to keep a record of the consumer’s fluid output. This can mean measuring the urine produced using a measure (such as a jug kept specially for this) or reading the measure on the side of the bag.

Make sure you only deal with catheters after complete training from a supervisor. Always wear gloves when handling the drainage bag.
Supporting a consumer with personal care

Ileostomy/Colostomy
There are two types of ostomies. Temporary and permanent.

Temporary ostomy or stoma
A temporary ostomy or stoma may be necessary to rest the bowel before and after surgery for a bowel blockage. The temporary ostomy allows healing to occur in the intestine. The length of time a stoma is in place depends on the healing process and the type of surgery needed.

Permanent ostomy or stoma
Rectal cancers are one of the most common causes for a permanent stoma to be performed.

Both types of ostomies (or stomas) involve the elimination of wastes from the body through an opening on the abdominal wall.

The part of the bowel affected determines the name of the ostomy:
- An opening from the colon is called a ‘colostomy’.
- An opening from the ileum (small bowel) is called an ‘ileostomy’.

Ostomy—a surgical opening into an organ.
Stoma—the loop of bowel opening through the skin.
Bowel—intestine both large and small, sometimes referred to as the gut.
Supporting a consumer with personal care

Ileostomy/Colostomy

Stoma nurse
A stoma nurse specialises in ostomies and visits patients to teach them how to care for their stomas. Clients are taught how to apply the special bags or pouches over the site to contain the faecal fluid that is being eliminated by the body. Special adhesives are used to hold the bag onto the skin. Skin care is a very important part of the care involved with stomas as enzymes in the digestive tract irritate when in contact with the skin and can cause skin problems.

Flatulence
Depending on the site of the ostomy the faecal excrement may vary between liquid and formed stools. Flatulence or wind is also passed into the bag just as it would normally pass though the anus. The bag has an opening at the lower end so that the contents may be emptied. This is done straight into the toilet and requires minimal handling. The use of gloves and good hand washing is essential.

Education
Education is the key to acceptance of the ostomy as many people are concerned that they may have ‘accidents’ with the bag which could be embarrassing. Body image is another issue that needs to be addressed. An ostomy bag is worn under the clothes and is not seen by friends or visitors at all. In fact life can go on as normal for the ostomy patient. For those who have lived with pain for a long period they may find a new freedom in their lives. Relationships both old and new are possible and there are no restrictions to activities that a person can do.

Your role
As a support worker, you may need to support a consumer to check or change the bag. You may also need to follow the SDP to care for the skin around an ostomy. Check your organisation’s policies and procedures.
Supporting a consumer with personal care

Hearing aids

Hearing aids personal care includes:
• How to clean a hearing aid.
• How to fit a hearing aid.
• Common problems.

There are different types of aids:
• In the ear/ear canal hearing aids.
• Behind the ear hearing aids.

It is usual for full instructions to be given to consumers with their particular hearing aid including specific information on cleaning. The aid may also come with its own cleaning kit. The cleaning instructions should always be followed.

‘In the ear’ hearing aid

‘Behind the ear’ hearing aid
Supporting a consumer with personal care

Hearing aids
Care and maintenance of hearing aids:

Support workers who assist consumers to care for their aids as part of their support tasks, must know how to clean, care for and correctly fit the aid.

• Difficulties with hearing aids should always be referred back to the supplier or health professional that fitted them.
• Support workers should not attempt repairs themselves, due to the sensitivity of the device. Water and solvent cleaning agents can damage electronic circuitry.
• Use a soft, dry cloth to clean the instruments whenever they are removed from the ears.

Hands should be dry and clean before handling the hearing aid.

• Handle carefully, as the many tiny parts are quite fragile.
Hearing aids

Remove any accumulated cerumen (earwax) daily.

- When using a cerumen removal tool (a brush or special tool provided with the hearing aid), always clean the instrument from below. This will prevent particles of wax or dirt from getting inside the aid.
- If the volume seems reduced, it may be due to the sound outlet or the cerumen filter being blocked with cerumen (earwax). Either replace the filter or ask your hearing health care professional for advice on corrective action.

Hearing aids should not be exposed to direct sunlight.

- Do not leave hearing aids in a parked car or near heaters.

Animals can be attracted to the ‘whistling’ sound from hearing aids.

- It is advisable to keep hearing aids away from animals and children!

Dampness and condensation can damage the circuitry in the hearing aid.
Supporting a consumer with personal care

Hearing aids

Remember to protect the aid from dampness.

- This means removing the aid from the ears before showering, bathing, swimming, or exercising.
- The aids should not be left in the bathroom, where there is steam and water.
- Keep the aid dry when out in the rain by wearing a hat or using an umbrella.
- Dry any perspiration inside and around the ears regularly.
- It is usually recommended that the battery compartments are left open overnight to allow the air to circulate and to dry thoroughly. Use the special drying kit available from your hearing health care professional.

Consumers should avoid contact with hair spray or make-up when their hearing aid is in place.

- The fine particles produced by hair spray or make-up can easily block a microphone inlet.
- Hearing aids should be removed before using personal care products.

Store the hearing aid in its case and remember to remove the batteries if the aid is not going to be used for some time.
Hearing aids

Some of the common problems consumers experience with hearing aids:

**Problem**

- The hearing aid does not work.

**Solution**

- There is no battery. Insert a battery.
- The battery compartment is not shut. Close the compartment.
- The battery is dirty. Clean the battery surface.
- The battery is flat. Insert a new battery. It is a good idea to keep a supply of spare batteries available. Store the batteries in a drawer, not in the fridge.
- The receiver is plugged with wax. Gently clean as directed.
- Check it is turned on.

**Problem**

- The volume drops.

**Solution**

- Low battery. Replace the battery.
- The receiver is blocked with ear wax. Clean with the tools provided. Change the cerumen filter if one is fitted.
- Blocked microphone inlet. Refer to the supplier.
Supporting a consumer with personal care

Hearing aids

Problem: The instrument slips out of the ear or hurts the ear.

Solution:
• The ear canal is wet or dirty. Wipe the hearing instrument and dry the ear with a soft cloth.
• The instrument is incorrectly inserted. Remove it and re-insert it.

Problem: The instrument is difficult to insert.

Solution:
• Place a small drop of non-irritating lubricant on your finger, and into the ear canal entrance before inserting the instrument. Ensure that no lubricant enters the receiver or microphone apertures.

Problem: The aid whistles or beeps when in the ear.

Solution:
• The hearing aid is not correctly inserted into the ear. Insert it again.
• The aid is in the wrong ear. Insert it in the other ear.
• The fit is too loose—consult the supplier. Sickness, weight gain or weight loss may affect the fit.
Supporting a consumer with personal care

Glasses/spectacles

There may be other aspects of glasses personal care that you want to know about. Ask your supervisor or a Registered Nurse to help you to extend your experience.

The personal care of glasses includes:

- How to clean glasses.
- How to fit glasses.
- Common problems.

Glasses are expensive and require careful handling if they are to last. There are a few important points to follow when you support a consumer with their glasses.

- Always use two hands when putting on and removing.
  - Ease the frame over the ears and slip on to the bridge of the nose. This keeps from getting the frame out of alignment.

- Glasses are fitted and adjusted individually.
  - Letting others try them on can cause the frame to stretch or fit poorly.

- Do not push glasses up on to the top of the head.
  - This stretches the glasses, resulting in a loose fit.

Glasses should be washed after they have been exposed to perspiration, salt spray, sea water, dirt and chemicals (sprays and liquids).
To avoid scratching, take care when cleaning the lenses.

- Clean the lenses and frames daily with warm soapy water or an approved lens cleaner and wipe clean with a soft COTTON cloth.
- Rinse, then gently dry the lenses off using a tissue or soft cloth.
- Be sure to hold the frame at the edge of the lens you are wiping. This will avoid unnecessary strain on the bridge piece of the frame.
- Anti-reflection coatings are commonly used these days and special care is required when cleaning to ensure a smear-free finish. Satin-like ‘micro cloths’ should be used for this purpose. Don’t use window cleaning products as cleaners with ammonia can damage the frame and lenses.
- Never wipe your lenses when they are completely dry, or use any paper products to dry your lenses, the wood fibres can scratch.
Supporting a consumer with personal care

Glasses/spectacles

Never lay glasses directly on any hard or abrasive surface that could cause scratches.
- Keep glasses in a case when they are not being worn for a long period of time.

The screws for glasses frames can loosen over time.
- To maintain proper alignment, get the frames checked regularly and the screws tightened by the optometrist.

Warm soapy water can be used to clean the frames.
- If glasses have nose pads or a bridge, these can be cleaned by applying a soft toothbrush gently to the area.
**Supporting a consumer with personal care**

**Fluids/hydration**

**Fluids and hydration care includes:**
- How the body uses fluids.
- The effects of dehydration.
- Increasing and maintaining fluid intake.

There may be other aspects of fluids and hydration personal care that you want to know about. Ask your supervisor or a Registered Nurse to help you to extend your experience.

**Our bodies are made up of more than 60% fluid**
- Water is the basis of the transportation system in the body which takes nutrients to the cells and removes waste.
- Water helps lubricate bowel motions so they are soft and easy to pass.
- Fluid also helps in maintaining body temperature.

**Signs of inadequate fluid intake** are passing small amounts of concentrated urine, constipation, recurrent urinary tract infections, poor skin elasticity, and dry mouth, lips and tongue.

*There are a number of different ways to get fluids into the body for example, sipper bottles.*
Supporting a consumer with personal care

Fluids/hydration

Each day we lose fluid through breathing, sweating, urine production and in bowel actions. This fluid loss has to be replaced if we are to remain healthy and not become dehydrated.

Frail older people are at higher risk of poor hydration, including those who live in aged care facilities. Older consumers often feel less thirsty and relying on others to provide the necessary drinks can mean that insufficient fluid is taken in.

- An adequate fluid intake is 6-8 glasses or at least 1500mls of fluid each day. Many older people drink much less than this even though 700mls is insufficient to meet the body’s daily needs.

- Fluids which are good to drink are water, ice blocks, fruit juice, tea, and cordial. As well there are high fluid-containing foods such as custard, jelly, ice cream, and soup. These can all contribute vital fluid.

- Caffeine drinks such as coffee, cola drinks and alcohol are fluids, but have an irritating effect on the bladder and as well as a diuretic effect which further increases the risk of dehydration.

Mild dehydration can result in poor concentration, irritability, headaches and fatigue. In the older person this can also lead to increased confusion.
Supporting a consumer with personal care

**Fluids/hydration**

- Start each meal with a glass of water.
- Use a sipper bottle, especially in hot weather.
- Have jugs of cold water within reach as a visual reminder to drink.
- Have a visual record to keep account of all the drinks actually drunk.
- Pay particular attention to those who are most at risk of not getting sufficient liquid.
- Offer a full glass of water when giving medications.
- Have a glass of water with each cup of tea or coffee.
- In residential care, do a fluid round to offer extra fluids morning and afternoon.
- Offer a treat drink—a glass of wine or sherry, freshly squeezed juice.
- Offer visitors drinks and encourage them to have drinks with the person.
- Have jugs of cold water within reach as a visual reminder to drink.
Supporting a consumer with personal care

Skin care
The skin is the largest organ of the body with a large surface area.

Skin care personal care includes:
- Understanding skin.
- Recognising problems.
- Proper skin care procedures.

There may be other aspects of skin care personal care that you want to know about. Ask your supervisor or a Registered Nurse to help you to extend your knowledge.

Increased damage may be caused by:
External forces:
- Pressure on the skin surface can cause damage to the blood vessels underneath, causing redness and skin breakdown.
- Friction is wear and tear on the outer layers of skin through rubbing away of the surface.
- Shear occurs when the skin slides but the underlying surface does not move.
- Chemical exposure such as urine, faeces, leakage from wounds, lotions creams or ointments used in skin care, moisture.
- Radiation such as from sunburn or treatment (for example, radiotherapy).
- Micro-organisms which attack the skin (for example, fungi—such as athletes foot (tinea), and bacteria such as a wound infection.)
Supporting a consumer with personal care

Skin care

The primary function of the skin is to:
- Provide a barrier to disease.
- Prevent dehydration through evaporation.
- Help maintain body temperature.
- Utilise vitamin D for the body.
- Provide sensory feedback including as an alert to danger, for example, pain.

Skin is affected by:
- Current health status.
- Disease processes.
- Age.
  - The number of sweat glands declines and the tissue becomes thinner.
  - As this padding is lost, a higher risk of skin breakdown secondary to pressure and friction exists.
- Activity level.
- Nutrition.
- Medications.
- The skin changes with age.
- Itching and dry skin are also common complaints.

Applying moisturiser to a consumer—as a support worker, follow your organisation’s policies and procedures for glove use. Wearing gloves helps protect you from exposure to chemicals or drugs in creams/ointments which could cause you to have a skin reaction.
Supporting a consumer with personal care

Skin care

The skin has two layers:
The epidermis is the outermost layer of the skin.

- It has no blood vessels.
- It varies in thickness (depending on the location on the body).
- It is a dry structure which sheds cells and replaces itself every 4–6 weeks.
- It is approximately the thickness of a piece of plastic wrap.

The dermis is located directly beneath the epidermis.

- It provides strength and support through a network of tissues.
- It contains blood vessels, nerves, hair, nails, sebaceous glands and sweat glands.
- It is thicker than the epidermis.
Supporting a consumer with personal care

Skin care
Reporting changes on a consumer’s skin is an important responsibility for support workers.

Unrecognised or untreated skin problems can result in:
- Serious and permanent damage to the skin.
- Make wounds slow to heal.
- Affect the overall health and wellbeing of the consumer.

Changes that should be reported to your supervisor include:
- Colour. For example—signs of redness or blotchiness.
- High or low temperature.
- Sensation. For example, the consumer reports having ‘pins and needles’ or a loss of feeling.
- Pain.
- Itching.
- Hydration issues. For example—dry and cracked lips or moist areas, particularly in skin folds.
- Tissue consistency. For example—firm, tight or slack.
- Thin skin.
- Oedema. This may be an excess of fluid in the tissue which results in swelling.
- Induration: The skin surface appears to be indented.

Always wear gloves whenever you may come into contact with body fluids. This is for your own protection as well as that of the consumer.
Healthy skin is intact skin with no visible evidence of injury or where there is a completely healed wound.

- This means the skin is free from nicks, cuts, scrapes, cracks, and rashes.
- Skin damage decreases the skin’s ability to act as a protective barrier.
- Dry skin is much more susceptible to damage.
- The goals of care are to protect and maintain intact skin through cleaning, drying and moisturising it regularly.

Compromised skin is tissue exposed to potential injury or is in a weakened condition (for example, dry or thin).

Maintaining intact skin and improving tissue health is helped by regular cleaning, drying and moisturising.

- Support workers who assist consumers with personal care need to make sure that skin folds are dried carefully. In particular, this means in the folds of the groin, under the breasts, and any abdominal skin folds.
- Often, older consumers are unable to reach their feet easily, requiring checks that the skin between the toes remains healthy. This area can become a focus for fungal infections (in particular), if not maintained in a healthy state.
- It is important to report any observation that the skin around the nails is reddened or discharging.

Skin care
Supporting a consumer with personal care

Showering

Showering personal care includes:
- Ensuring each person has their privacy respected.
- Ensuring the person feels safe for example—burns and falls are a possible safety risk that a support worker must be aware of.

Showering checklist

- Assemble any equipment such as a shower chair, non-slip mats.
- Assemble any other equipment such as towels, soap or lotion, face cloths for different areas of the body, shower cap, clean cloths, personal toilet articles the person prefers such as powder or deodorant.
- Take the consumers’s equipment to the shower room and ensure the windows are closed and the room is warm.
- Make sure the shower floor and stool are clean.
- Ask the consumer how much help they would like when they are in the shower. Don't assume you know best.
- Help the consumer to take off their clothes if they need help. Ask first.
- Check the water temperature.
Supporting a consumer with personal care

Showering

- Support the consumer into the shower (and sit on the stool if this is their preference). Wash the consumer’s back and then other areas such as legs as discussed/requested.

- The consumer may prefer to do their own face, neck, hands, arms, underarms and shoulders.

- Allow the consumer to shower as long as they are able/prefer.

- Help the consumer to get out of the shower and wrap them in a towel or bath blanket to ensure their privacy.

- Dry the consumer well including skin folds and difficult to reach places such as between toes.

- Apply powder, antiperspirant, lotion as requested and as per SDP. Assist with hair care, grooming and teeth as required. The person may prefer to do this themselves sitting at the basin.

- Position the consumer comfortably in the chair.

- Return to clean up, clean the shower cubicle and floor, and the bathroom floor including any spills of water.

- Return all supplies to their proper places.
Important tips

- It is important not to leave unsteady consumers alone in the shower.
- Stay within hearing distance if the consumer is able to be left alone.
- Have the consumer use the safety bars provided to aid their balance. DO NOT let the consumer use towel rails to steady themselves.
- Adjust the water temperature before they go into the shower.
- Avoid using oils in the shower as this will make the shower floor slippery.
- If using a hand held nozzle direct the stream away from the consumer.
- The consumer may be tired after the shower, so more assistance may be required.
Supporting a consumer with personal care

**Personal grooming**
There may be other aspects of personal grooming care that you want to know about. Ask your supervisor or a Registered Nurse to help you to extend your experience.

**Personal grooming personal care includes:**
- Shaving process, face and/or body.
- Brushing hair.
- Applying make-up.
- Jewellery and other body adornments.

**Gather all necessary equipment before you start. This includes:**
- Razor.
- Shaving cream.
- Wash cloth.
- Towel.
- Gloves.

**Prepare the area.**
- Make sure that the room you are going to use is warm and comfortable for your consumer.

Always wear gloves whenever you may come into contact with body fluids. This is for your own protection as well as that of the consumer.
Personal grooming

**Supporting a consumer with personal care**

**Carry out the shaving process.**

- Warm water and apply cream or soap to a lather to the skin that is to be shaved.
- Using a sharp razor carefully commence shaving the consumer, ensuring that you remove all hair from the area.
- To check you have done this, feel over the shaved area with your hand. Ask your client to do the same as their hand will not be covered by gloves.
- When finished shaving, wash off excess lather and dry.
- Many men like to wear aftershave. This can be applied once you have washed off the excess lather and dried the face.
- If you have shaved a woman’s legs you might like to offer to apply moisturiser.
- If during the shaving process a cut occurs, treat it as you would for any other cut by cleaning it and applying the appropriate dressings.

**Tidy up the area, after you have finished.**

A support worker should wear gloves if their skin is not intact, that is, if they have cuts or breaks. Usually, a family member would not wear gloves when supporting someone in the household.

**Personal grooming**

- A support worker should wear gloves if their skin is not intact, that is, if they have cuts or breaks. Usually, a family member would not wear gloves when supporting someone in the household.
Supporting a consumer with personal care

Personal grooming

Hair
• Using your consumer’s own brush or comb (depending on their preference) gently brush or comb the hair according to known hair style or according to their directions.
• Many elderly or ill clients have fine or thin hair so take care not to pull or press hard.
• This is a good time to inspect the consumer’s head and scalp for abnormalities such as lice, cuts or bumps.
• It is also a time you can find out more about the consumer’s likes and dislikes.

Make-up
• The wearing of make-up is a personal preference.
• Many women like to wear lipstick as opposed to foundation or powder.
• Talk to the consumer about what they would like. Remember, too many choices may be confusing.
• Make-up should enhance a person’s looks, not make them look foolish.

Talk to your consumer so that you know what they require and how they like things to be done.
Supporting a consumer with personal care

Personal grooming

Jewellery

Although wearing jewellery is a personal preference, it is important to consider both safety and hygiene. Your organisation will have policies and procedures which will guide you on the wearing of jewellery. As a guide jewellery should:

- Fit properly.
- Have properly fitting clasps.
- Bracelets can catch on clothing or cut fragile skin.
- Hoop or dangling earrings can be grabbed by a consumer and can tear earlobes.
- Necklaces that are long or bulky can be a safety hazard. Consumers may grab or fiddle with them.
Clothing

- Clothing should fit well, yet allow ease of movement.
- Tight fitting clothes for example, socks or underwear can restrict blood flow and be uncomfortable. Check that your consumer has their clothing correctly in place and that it fits well.
- Check what your consumer is doing during the day and dress accordingly. (See previous pages on dressing/undressing/personal care.)
- Clothing should reflect the person’s
  - Personal preferences.
  - Age.
  - Lifestyle.
  - Daily choices.
- Clothing should take account of the person’s independence. For example—velcro rather than buttons may mean the person can dress themselves.
Think about what you know about personal care and how you deliver it.

Imagine that you are the consumer. Look at the list of personal care support options and rank them according to how important they would be to you, with 1 being very important and 5 least important. Also, say why.

1 Very important
2 Important
3 Neutral (not concerned either way)
4 Not important
5 Least important

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<th>Why is this important/not important?</th>
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<td>Daily shower</td>
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<td>Matching socks</td>
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<td>Brushed hair</td>
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Supporting personal care
When supporting a consumer with personal care, read the SDP and plan what you are going to do before you start.

**Learning activity**

What are the four steps to supporting a consumer with their personal care?

If you need to, go back to the section on ‘Four steps to follow’ to refresh your memory.

List the four steps, then for each one write an appropriate example of something you do that illustrates the step in your work.

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Encouraging independence

Encouragement
Encouraging people to do as much for themselves in all facets of life, including personal care, can lead to increased self esteem and self worth.

Independence
For many people with disabilities, it is important for them to do as much as they can for themselves and remain in control of all the things they can. Some people may have a strong desire to regain functioning they once had especially if they have acquired a disability later in life.

Assistance
Receiving assistance with personal care often enables people with disabilities to then get on with life and do the things that they are able to do and enjoy. Some people may never be able to do certain personal care activities for themselves and will always require assistance.

Your role
As a support worker, your role is not necessarily to ‘make’ people independent but to encourage them to do what they can for themselves and assist them with the things they cannot.

Remember:
Don’t forget that people’s abilities may change from day to day due to things like energy levels and enthusiasm. What someone did for themselves yesterday. They may not be able to do today. Knowing the person you are assisting with personal care and working together is critical.
Encouraging independence

Learning activity

Chris has cerebral palsy and finds certain tasks like doing up buttons, fastening belts and buckles and tying shoe laces extremely difficult, if not impossible.

Chris works as an IT Consultant in a large corporation. Chris is able to dress himself in a T shirt, sweat shirt, sweat pants and Velcro fastening shoes. Although he can remain independent by doing this, Chris prefers to dress similarly to his colleagues and wear such clothes as a button front shirt, dress pants and lace up shoes.

Chris has a support worker assist him with dressing and undressing before and after work. He is able to leave home feeling confident and comfortable each day knowing that he is dressed as others at his workplace are.

Do you think it would be better for Chris to dress himself before work and remain independent of assistance?

Is the assistance Chris receives undermining his independence?

What would you choose to do if you were in Chris’s situation?
Johnny Williams is 87-years-old. His friends call him Johnny but he prefers to be called Mr Williams by those who do not know him as well. Mr Williams and his wife Hannah were married for sixty years but she died four years ago. He is now accustomed to living on his own and prides himself on his independence.

He recently had a mild stroke which has affected his balance and mobility. He receives support with personal care and household management although he is determined to regain his health to the point where he no longer needs support.

He has three sons and two daughters all of whom have children of their own now.

Mr Williams lives in a small town and two sons and a daughter and their families live locally. His children have suggested several times that he sell the family home and come to live with one of them but he cherishes his independence.

In an effort to manage the gardens and lawns more easily, his grandchildren have drawn up a roster and take turns to mow the lawns and do the garden.

Mr Williams also has a wide circle of friends. He enjoys taking part in outdoor bowls and is a keen reader. Mr Williams’ grandparents came from Wales and although he is proud of his Welsh ancestry, he thinks of himself as a New Zealander, especially when the All Blacks are playing Wales.

Mr Williams attends church on Sundays. He says he likes to go because it can be a bit of a social occasion and he enjoys the singing. He was a member of the church choir, an interest he shared with his wife. However, after she died, it didn’t feel right to continue with the choir.

Mr Williams still likes to get up early every morning, something he attributes to his former occupation. He managed the local dairy and milk treatment plant and early morning starts were part of the job. However, sometimes he now finds it is a little difficult to get moving in the mornings, especially since the stroke.

Mr Williams also has other ‘niggling’ health problems, as he terms them. He has mild hearing impairment and recently he experienced an inner ear infection which has further affected his balance. He now needs to use a walking stick. He finds it difficult to use the walking stick while also pulling the shopping trolley he uses to bring home his groceries.

Mr Williams failed his last driving test and has relinquished his licence.

He is on the waiting list for a cataract operation which he hopes he will have soon as it is affecting his ability to read.

Despite his health issues, Mr Williams keeps a positive attitude and tries to live as full a life as possible.
Carrying out personal care

Service Delivery Plan

Name: John Alfred Williams
Address: 15 Temuka Avenue, Geraldine

Date of Birth: 15/03/06
Gender: M

Prefered Name: Mr Williams
Funder: DHB

Able to sign timesheets: Yes

Start date: 15/03/06
Review date: 15/03/07

Language spoken: English
Ethnicity: New Zealander

Health problems relevant to support: Stroke with weakness down right side.

Nominated contact person/next of kin:
Name: Sally Bennett
Relationship: Daughter
Contact Phone: 021 123456
Address: 49 Mountain Rd, Temuka

Service Details

Package of Care: 14 hours per week

Preferred Service Delivery Times

<table>
<thead>
<tr>
<th>Day</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thur</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time am</td>
<td>8:00 (1½hrs)</td>
<td>8:00 (1½hrs)</td>
<td>8:00 (1½hrs)</td>
<td>8:00 (1½hrs)</td>
<td>8:00 (1½hrs)</td>
<td>8:00 (1½hrs)</td>
<td>8:00 (1½hrs)</td>
</tr>
<tr>
<td>Time pm</td>
<td>8:30 (½hr)</td>
<td>8:30 (½hr)</td>
<td>8:30 (½hr)</td>
<td>8:30 (½hr)</td>
<td>8:30 (½hr)</td>
<td>8:30 (½hr)</td>
<td>8:30 (½hr)</td>
</tr>
</tbody>
</table>

Goal: To be able to shower independently within two months. (November 24th)

Goal review date: 15/03/06

Goal ladder (steps to achieving goal)

<table>
<thead>
<tr>
<th>No</th>
<th>Sub goal</th>
<th>Date to be achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>To be able to walk into the bathroom on his own without moving aids.</td>
<td>2 weeks.</td>
</tr>
<tr>
<td>2</td>
<td>To be able to undress independently while seated.</td>
<td>2 weeks.</td>
</tr>
<tr>
<td>3</td>
<td>To be able to dress independently while seated.</td>
<td>3 weeks.</td>
</tr>
<tr>
<td>4</td>
<td>To be able to stand in shower and balance while washing body, holding on to the rail for support.</td>
<td>6 weeks.</td>
</tr>
<tr>
<td>5</td>
<td>To be able to dry himself.</td>
<td>6 weeks.</td>
</tr>
</tbody>
</table>

Actions

<table>
<thead>
<tr>
<th>No</th>
<th>Action</th>
<th>Date to be achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>When standing up from chair, do 5 “sit to stand” exercises each time.</td>
<td>1 week.</td>
</tr>
<tr>
<td>2</td>
<td>Assist with household tasks—start off by dusting window sills and waist height areas with right hand supporting.</td>
<td>1 week.</td>
</tr>
<tr>
<td>3</td>
<td>Standing still, dust lounge windowsills.</td>
<td>2 weeks.</td>
</tr>
<tr>
<td>4</td>
<td>Dust higher passageway window sills, reaching to shoulder height, reducing support from supporting arm.</td>
<td>3 weeks.</td>
</tr>
<tr>
<td>5</td>
<td>Clean inside of lounge windows holding cloth in right hand.</td>
<td>2 weeks.</td>
</tr>
<tr>
<td>6</td>
<td>When in shower, use right hand to wash upper body and face.</td>
<td>2 weeks.</td>
</tr>
<tr>
<td>7</td>
<td>More regular walking daily by five metres—aim to get to mailbox without walking stick.</td>
<td>3 weeks.</td>
</tr>
<tr>
<td>8</td>
<td>Shave with right hand.</td>
<td>2 weeks.</td>
</tr>
<tr>
<td>9</td>
<td>Dressing—start sitting down and dressing top half. Remind Mr. Williams to dress his right side first and initially dress top half when sitting.</td>
<td>4 weeks.</td>
</tr>
</tbody>
</table>
## Routine

Mr Williams gets out of bed at 6am and likes to have breakfast prior to his shower at 8am. After his shower he likes to have his shave, then get dressed. After that, he helps with household tasks, then likes to have a rest in his chair and read for a while.

---

### Housework

Undertake housework with Mr Williams, increasing participation as per goal ladder. Maintain basic household cleanliness where required for everyday tasks he cannot manage.

### Personal Care

<table>
<thead>
<tr>
<th>Action</th>
<th>Frequency</th>
<th>Supervise</th>
<th>Independent</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bathing / showering</td>
<td>Daily</td>
<td>✓</td>
<td></td>
<td>See goal ladder</td>
</tr>
<tr>
<td>Toileting</td>
<td>Daily</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dressing / undressing</td>
<td>Daily</td>
<td>✓</td>
<td></td>
<td>See goal ladder</td>
</tr>
<tr>
<td>Medication</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Mobility / transferring</td>
<td>Daily</td>
<td></td>
<td>✓</td>
<td>Activity programme as per goal ladder.</td>
</tr>
<tr>
<td>Hair washing</td>
<td>Weekly</td>
<td></td>
<td>✓</td>
<td>in shower.</td>
</tr>
<tr>
<td>Nail care</td>
<td></td>
<td></td>
<td>✓</td>
<td>Podiatrist undertakes this as required.</td>
</tr>
<tr>
<td>Transport/appointments</td>
<td>Daily</td>
<td></td>
<td>✓</td>
<td>Mr Williams uses a taxi when required.</td>
</tr>
<tr>
<td>Make bed</td>
<td>Daily</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Communication

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Mr Williams has poor balance although it is improving. The activities within the SDP will assist him to improve his balance.

#### Mobility

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Balance poor. Only independent indoors.

Weakness in right arm and leg.

#### Values and beliefs

Specific instructions for the support worker required to assist meeting either spiritual / cultural / individual values and beliefs.

Mr Williams likes to go to church each week. He also likes to go to the local library at least once a week to return books and get new ones out.

#### Risks

Fall risk, especially outdoors.
Carrying out personal care

Alison is training Barbara to support Mr Williams. While they are walking up the drive to his house, Alison and Barbara talk about what they will be doing.

Alison reminds Barbara of things to prepare when showering someone:

- Preparing the bathroom.
- Checking the temperature of the bathroom.
- Making sure any equipment to be used is working and clean.
- Taking care as the floor can be slippery.

They discuss Mr Williams’ SDP. It includes:

- His preferred name.
- How he likes to do things. In the SPD it states that he has breakfast independently then, with the assistance of the support worker, he showers, shaves and gets dressed.
- Mr Williams is recovering from a stroke. While it has not affected his speech, continence or memory, it has affected his balance, his right arm is weak and he has lost sensation in his skin in affected areas.
- Mr Williams wants to be able to shower himself in the next month. With this goal in mind, he prefers to try to do things for himself but will request assistance when he needs help. The support worker should be aware of Mr Williams’ goal and desire for independence, and support him in his efforts.
Carrying out personal care

After they arrive at Mr Williams’ house, Alison introduces Barbara and reminds him that they discussed that she would be bringing a new support worker to meet him today.

They chat for a while and Barbara tells Mr Williams a bit about herself.

Then Mr Williams says he will finish his breakfast before showering and won’t be long. Alison says they will get organised while he eats.

When she comes out to tell Mr Williams they’re ready for him to shower, Barbara notices he has finished eating his breakfast and moves forward to clear a cup and plates from the table. However, Mr Williams asks her to stop. He wants to take care of the task himself as one way of asserting and retaining his independence.

Barbara should have remembered that the SDP covers Mr Williams’ goal and desire for independence. She should support him in his efforts.
Learning activity
Read Mr Williams’ profile and SDP and use the information from them and the scenario to answer the questions. To answer, tick the box(es). There may be more than one possible answer for each question.

Question 1
As they are arriving at Mr Williams’, what are Alison and Barbara talking about?
- SDPs.
- Planning an SDP.
- Following up.
- Conducting.

Question 2
How is the SDP supporting Mr Williams’ needs?
- By noticing that he likes to dress after he shaves.
- By noting that he needs help with all aspects of personal care.
- By noting what he likes for breakfast.
- By putting his address on the SDP.

Question 3
What are two things Alison and Barbara should be aware of because of Mr Williams’ stroke?

Question 4
What does Mr Williams prefer to be called by support workers?
- William.
- Mr Williams.
- Bill.
- Johnny.

Question 5
Barbara tells Mr Williams a bit about herself. What is she doing?
- Building rapport with Mr Williams.
- Empathising with Mr Williams.
- Interviewing Mr Williams.
- Making sure Mr Williams knows she can only spend an hour with him in the mornings, instead of an hour and a half.
Carrying out personal care

Alison and Barbara collect toiletries, towels and a face cloth. Alison checks the water temperature and sets the mixer so that they only have to turn it on and let it run when Mr Williams is in the shower.

When the bathroom is ready they go to the bedroom where Mr Williams is now preparing what clothes he wants to wear. Alison asks if he is ready and he says he is.

Alison helps Mr Williams to take off his clothes.

- She explains to Mr Williams what she is going to do before doing it.
- She checks he is still comfortable having Barbara there. He is.
- She asks if he needs anything before his shower? He says there isn’t anything.

While they’re preparing the bathroom Alison tells Barbara some important things to remember. These include:

- Make sure the bathroom is not too cold. The window is open so they close it and turn on the bathroom heater.
- Make sure the shower is clean and tidy. They put a dirty towel that is on the floor into the laundry basket.
- It is a wet area shower. There is a shower chair for Mr Williams to sit on when he is in the shower.
As she helps him remove his clothes she tells Barbara that because of his stroke, it is easier to take clothes off his good arm first then his weak arm. They do this, leaving his trousers until last.

Alison says she will just get a towel for Mr Williams to cover himself, and Barbara passes it. She covers Mr Williams across his groin area before he slides his pyjama bottoms off.

Alison then checks the water temperature, making sure they point the shower away from Mr Williams. When it is at the correct temperature she asks Mr Williams to also check it.

Alison then asks him what support he would like. He says he will wash himself and call out when he is ready to be helped to wash his hair. They close the shower door and he passes them the towel over the door.

**Learning activity**

Read Mr Williams’ profile and SDP and use the information from them and the scenario to answer the questions. To answer, tick the box(es). There may be more than one possible answer for each question.

**Question 1**

Alison and Barbara are in the bathroom while Mr Williams has his breakfast. What are they doing?

- Preparing.
- Planning.
- Supporting.
- Completing.

**Question 2**

While helping Mr Williams to undress how did Alison protect his dignity and privacy?

- By taking his clothes off.
- By taking his clothes off his good arm first.
- By giving him a towel to cover himself while getting undressed.
- By telling Barbara to turn her head and not look at Mr Williams while he was getting undressed.
Carrying out personal care

As Alison and Barbara are making Mr Williams’ bed, he calls from the bathroom that he is ready for his hair to be washed.

Alison tells Barbara that she needs to give Mr Williams the towel back to cover himself before she washes his hair.

There are white gumboots, gloves and an apron in the bathroom for the support workers to use when washing Mr Williams. Alison puts them on.

Barbara checks that Mr Williams is ready and then passes him the towel. Alison washes Mr Williams’ hair, protecting his eyes with a clean face cloth. She asks if he wants her to wash his back and side too and she checks as she goes that she is not rubbing too hard.

While she is washing him she notices a big bruise on the back of his upper left arm. Alison asks Mr Williams about the bruise but he says he didn’t realise it was there and has no idea how he got it.

When they are finished, they help Mr Williams to dry quickly so he doesn’t get cold.

Alison carefully dries Mr Williams’ weak arm for him and discusses making sure that the skin between his toes and fingers is dry to prevent the skin getting sore or fungal infections.

They leave Mr Williams to dry his groin then help him put on his dressing gown.
Carrying out personal care

They go with Mr Williams to the bedroom and assist him to put on his singlet and shirt. Alison explains to Barbara she needs to put Mr Williams weak arm into the armhole first.

He sits on the bed with a towel around his waist while dressing. He struggles with buttons but can do them so they don’t assist. He wants to practise doing them, he says.

They put on his socks, then assist him to pull his underpants and trousers up to his knees, leaving him to put them on the rest of the way.

They go and tidy up the bathroom, making sure it is left clean and tidy and the laundry is in the basket.

They knock and go back into the bedroom and help Mr Williams to tie his shoe laces.

They then go and sort the kitchen out.

While there, Alison fills out an incident report about Mr Williams’ bruise.

Learning activity
Complete the form on the right using the information on this page.

INJURY / ACCIDENT / INCIDENT REPORT

PERSON REPORTING INJURY/ACCIDENT/INCIDENT:

Name:

Contact phone:  

Job status:

DETAILS:

Where accident/incident occurred:

Date:  

Time:

WHO WAS INVOLVED?

Name:

Contact phone:  

Address:

OTHER PEOPLE INVOLVED?

Name:

Contact phone:  

Address:

Position/Relationship:

WHAT HAPPENED?

ACTION TAKEN TO CHANGE/FIX INJURY/ACCIDENT/INCIDENT?

SIGNED (PERSON REPORTING INJURY/ACCIDENT/INCIDENT):

Date:

FOR THE ATTENTION OF:

Signed:
Learning activity
Read Mr Williams’ profile and SDP and use the information from them and the scenario to answer the questions. To answer, tick the box(es). There may be more than one possible answer for each question.

Question 1
Why does Alison put on gumboots, gloves and an apron when washing Mr Williams hair?
- To protect Mr Williams from infection?
- As a safety measure to help prevent slipping on the wet floor.
- Because she likes to wear them.
- Because she doesn’t want to get her feet wet.

Question 2
By leaving Mr Williams to do up his buttons, what are Alison and Barbara doing?
- Being unkind to Mr Williams by making him struggle.
- Supporting his independence.
- Protecting his dignity.
- Giving themselves more time to tidy the bathroom.

Question 3
Why has Alison noted on an incident form that Mr Williams has a bruise?
- Her organisation’s policies and procedures require her to report any change in the health status of a consumer.
- So that the supervisor can put ointment on the bruise.
- Because Mr Williams’ doctor needs to know about his bruise.
- So Mr Williams can keep track of any other unexplained bruises.
**Case study**

**Personal care**

Complete this case study to help you with the verification process.

Choose a consumer you support with their personal care and answer the questions in the following tables.

**Option 1**

You can choose Mr Williams, the consumer from the last section in this book on carrying out personal care.

**or**

**Option 2**

Choose a consumer you support in your workplace. If you take this option, please ensure you have a copy of the consumer’s SDP and other relevant information and attach the document to this book.

<table>
<thead>
<tr>
<th>Questions</th>
<th>Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Think about the personal care tasks you do with the consumer. List the personal care tasks.</td>
<td></td>
</tr>
<tr>
<td>What can the consumer do for themselves?</td>
<td></td>
</tr>
<tr>
<td>How did you find out?</td>
<td></td>
</tr>
<tr>
<td>What do you need to support them with?</td>
<td></td>
</tr>
<tr>
<td>Does the consumer have a preferred way of doing tasks? Name the task and state the consumer’s preferences.</td>
<td></td>
</tr>
<tr>
<td>Questions</td>
<td>Answers</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>How did you find this out?</td>
<td></td>
</tr>
<tr>
<td>How do you get the consumer’s consent to perform tasks?</td>
<td></td>
</tr>
<tr>
<td>How do you respect their privacy?</td>
<td></td>
</tr>
<tr>
<td>How do you respect their choice?</td>
<td></td>
</tr>
<tr>
<td>How do you encourage their independence?</td>
<td></td>
</tr>
</tbody>
</table>
Do you agree with your initial thoughts and ideas?  
- yes / no

If yes do you have anything you would like to add?  
- yes / no

If no, what would you change?

If you have any more questions, what could you do or who could you ask to find the answers?
When you have completed the workplace assessment portfolio and it has been signed off as competent by your assessor, your assessor will complete a Certificate and give it to you.

If you wish, you could frame it for display or mount it in a record book.

Check the following:

- Please check over all the activities to make sure you have completed them.
- When completed to your satisfaction, this workbook should be given to your supervisor.
- Complete the trainee assessment portfolio and remember to sign your assessment portfolio in the place provided, verifying that you are the one who has completed all the assessments.

You have come to the end of:

Supporting personal care
You have now completed

**23386 V1 Supporting personal care**

part of a Careerforce learning series designed for support workers in a health and disability setting.

Others in the series are:

- **5012 V4** Moving people safely (Workplace assessment portfolio 5012 V4)
- **11097 V2** Listening (Workplace assessment portfolio 11097 V2)
- **16870 V2** Causes and associated conditions related to intellectual disability (Workplace assessment portfolio 16870 V2)
- **16871 V2** Causes and common effects of physical disability (Workplace assessment portfolio 16871 V2)
- **20700 V1** Human lifespan (Workplace assessment portfolio 20700 V1)
- **23381 V1** Pacific values (Workplace assessment portfolio 23381 V1)
- **23382 V1** Community participation (Workplace assessment portfolio 23382 V1)
- **23393 V1** Applying a risk management plan (Workplace assessment portfolio 23393 V1)

Disclaimer: The images contained in these workbooks are visual illustrations only and are not representative of actual events or personal circumstances.