Leamington Mennonite Home
Long Term Care

POLICY AND PROCEDURE

CATEGORY:	**SUBJECT:**	**SECTION:**
Resident Care	**Bathing & Hygiene**	**B**
		POLICY:
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DATE:	**Administrator:**	
September 2004		
REVISION DATES:	**Director of Care:**	
August 2006, June 2015, September 2015		

BATHING & HYGIENE

POLICY

To ensure personal care, bathing, hygiene and grooming is provided to meet resident care needs residents will be given the option of two baths per week and shall consider his/her preferences whenever possible. PSW's will provide this care under the supervision of the Registered Staff.

PROCEDURE:

Encourage resident to do as much for themselves as possible:

- Explain to the resident what you are going to do.
- If the resident refuses the bath offer a shower instead. If the resident refuses the shower proceed with a sponge bath in the resident's room. Residents requesting only 1 bath per week will have this reflected on their plan of care to meet their needs.
- Independent residents who prefer to shower themselves may do so with the assistance of the PSW's. It is required that the resident inform the nursing staff that they are going to use the shower so appropriate assistance can be provided.
- Before starting the tub bath, wash your hands.
- Place a rubber bathmat on the floor in front of the tub.
- Place a towel on the floor in front of the tub.
- Assist the resident to the tub room. Use a bath chair if necessary.
- Have the resident sit on the chair next to the bathtub if they are not already situated on the bath chair.
- Fill the bathtub halfway with water. The temperature of the water should be between 38 º C and 41 º C (105 º F). The temperature is to be checked with the thermometer in each tub prior to immersing resident into the tub. If the resident requests a warmer water temperature, it should not exceed 41º C.
- Help the resident remove slippers, robe, and gown.

- Assist the resident into the tub.
- Do not leave the resident alone. Always stay with the resident during the bath to ensure against any accident.
- Remind the resident not to remain in the tub longer than 20 minutes.
- Help the resident out of the tub and onto the chair.
- Help the resident in drying off; pat gently.
- Help the resident put on clean clothing.
- Assist the resident in returning to the room and to bed if necessary.
- Make sure the resident is comfortable.
- Clean the bathtub. Remove soiled linen, discard disposable equipment. Return supplies to their proper place and ensure the cupboard is locked.
- If giving the resident a sponge bath, pull curtain, shut the door, and make sure the window blind is down. Collect all necessary materials / equipment needed. Wash your hands. Remove their clothing making sure to cover them with a blanket. Fill a basin with warm water. Begin by washing the resident's face and eyes and proceed washing the rest of the resident's body. Be sure to drape all areas not being bathed. When finished, redress the resident, remove the supplies, and wash hands. Be sure resident is comfortable before leaving the room.
- Place the soiled linen in the linen hamper in the soiled utility room.
- Wash your hands.
- Keep shelves stocked with towels, cloths, shampoo, lotions, etc. All equipment (i.e. shampoo, alcohol, and nail equipment) to be stored in locked cupboard.
- Report your observations to the Registered Staff:
    - The condition of the resident's skin and if any problems or concerns occurred with the bath.
    - Record tub bath, shower, sponge bath on the flow sheet and assistance as per LMH documentation protocol.

Hair Care:

Residents have hair washed in the tub or at the beauty shop.

Personal Grooming:

Men need to be shaved daily (electronic razors are used). They should be encouraged to shave themselves whenever possible.

Female residents who require removal of facial, leg or underarm hair will have this done on bath days and when otherwise required.

Disposable razors are used on bath days for residents who do not have a predisposed condition that would contra – indicate this (i.e.: on blood thinning medications).

Fingernail Care Procedure:

Fingernail care is provided after bathing and given to keep the nails clean and free from disease and fungus. Nail care is given to maintain skin integrity and to promote comfort and mobility.

Keep fingernails trimmed.

- Do not cut the fingernails of a diabetic resident. All residents that are diabetic or have peripheral vascular disease or are taking blood-thinning medication will have nail care done by the Registered Staff. The PSW's will clean under the fingernails and file, as necessary.

- Explain to the resident what you are going to do.

- Wash your hands.

- Collect the following equipment:
    - Nail Clippers
    - Orange Stick
    - Emery Board or Nail File
    - Lotion

- Clean under the fingernails with the orange stick.

- Clip fingernails straight across with the nail clippers.

- Shape the nails with an emery board or nail file.

- Discard disposable supplies.

- Wash hands.

- Document care given on daily flow sheets.

Foot Care Procedure:

- Do not cut the toenails of a diabetic resident. All residents that are diabetic or have peripheral vascular disease or are taking blood-thinning medication will have nail care done by the Registered Staff. The PSW's will clean under the toenails and file, as necessary.

- Explain to the resident what you are going to do.

- Wash your hands.

- Collect the following equipment:
    - Toenail Clippers
    - Orange Stick
    - Emery Board or Nail File
    - Lotion

- Clean under the toenails with the orange stick.

- Clip toenails straight across with the nail clippers.
- Shape the nails with an emery board or nail file.
- Apply lotion on the feet.
- If the resident has hard calloused areas or thick nails report to the Registered Staff to do foot care.
- Clean and return equipment and supplies to their proper place. Discard disposable supplies.
- Dispose of soiled linen in the appropriate linen bag.
- Wash your hands.
- Report your observations to the Registered Staff:
    - Reddened, irritated or calloused areas
    - Breaks in the skin.
    - Complaints of pain.
    - Any conditions such as swelling, abrasions, severe corns or callouses, discolouration of skin, etc.
- Advanced foot care shall be provided only by the Registered Staff who are qualified in advanced nursing skills in foot care.
- When a high-risk resident requires a referral to a podiatrist, chiropodist or Registered Staff with advanced foot care skill practicing independently, the Registered Staff or Ward Clerk shall assist in arranging an appointment. When any payment is required the resident or resident representative must be informed prior to the appointment.
- Registered Staff will complete foot care assessments on admission, quarterly and if the resident has a change in foot condition.
- It is important to see that lotion is applied to dry, scaly skin and powder to the feet as well.
- Document care given on daily flow sheets.

Oral Hygiene:

- Resident teeth and/or dentures will be brushed twice daily or more frequently as required with assistance provided according to the resident's ability to manage his/her own care.
- Oral assessments will be done upon admission and quarterly or upon any change in resident condition that would warrant an assessment. See policy and procedure on oral/teeth assessment.
- A dental assessment and preventive services (scaling and cleaning, and an assessment to ensure that dentures are properly fitted) performed by qualified dental professionals shall be offered to the residents annually at the Multidisciplinary Care Conference. The Registered Staff and/or Ward Clerk will make any necessary appointments and inform the resident and/or resident representative of the appointment time and any cost that may be incurred.