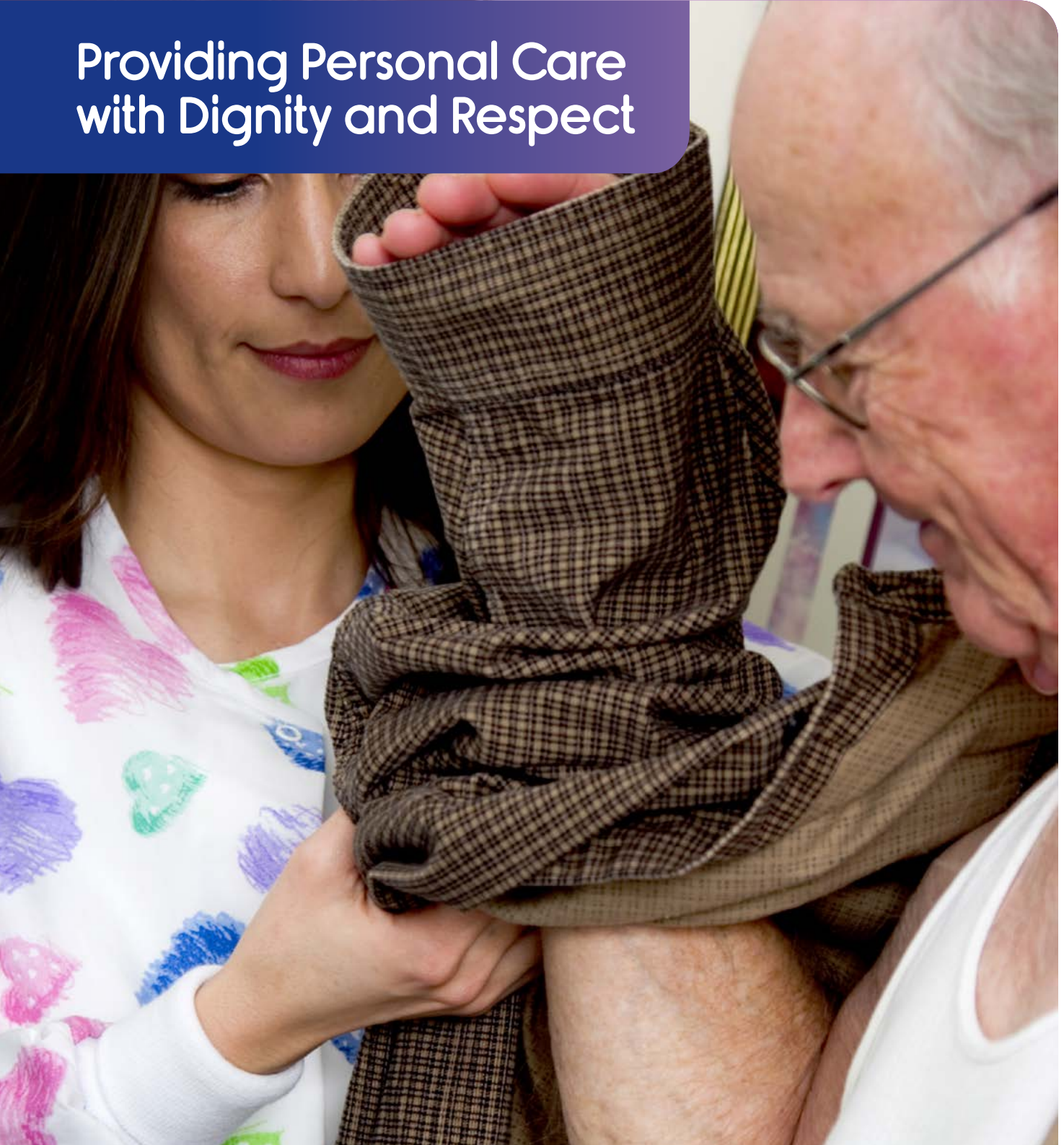


Providing Personal Care with Dignity and Respect





In the spirit of reconciliation Premium Health acknowledges the Traditional Custodians of country throughout Australia and their connections to land, sea and community. We pay our respects to their elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

OUR PROMISE

“

**Premium Quality,
without compromise.
It's the Premium Health
promise.**



Phillipa Wilson

Founder & Managing Director of Premium Health

**Our Trainers are
Experienced Nurses
and Paramedics**

Passionate about sharing
their experience

**Premium Quality
Programs**

We pride ourselves on the depth
of our course content and the
quality of our training materials

**Innovative Techniques,
Empowering Outcomes**

Methods remembered for years
to come

**Specialised Training,
Contextualised to
Your Workplace**

Relevant and customised to
workplaces

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PUBLISHER: PHILLIPA WILSON

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Welcome to your course and Premium Health.

The aim of this resource is to provide the essential knowledge and skills required in your training.

We select our Premium Health trainers and assessors carefully. All are either nurses or paramedics with appropriate training qualifications, technical expertise and experience.

PROVIDING PERSONAL CARE WITH DIGNITY AND RESPECT

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WHAT YOU NEED TO KNOW ABOUT YOUR COURSE

Welcome

Helping you to succeed in your course

We believe learning should be an enjoyable and challenging process and we understand that each learner is different. A variety of methods such as class participation, group discussion, scenarios, workbook exercises and opportunities for practice will help you during your course.

Where there are any difficulties with reading, writing, understanding English or a physical disability, training approaches can be varied to support learning and assessment.

We select our Premium Health trainers and assessors carefully. All are nurses or paramedics with appropriate qualifications, technical expertise and experience in both education and emergency first aid and in the disability or health care sector. This enables them to provide you with quality training which is grounded in experience and knowledge of the field.

What you need to know about assessment

Assessment takes place during your course enabling you to demonstrate your competence in a comfortable and familiar environment with your trainer/assessor. All assessment tasks are discussed beforehand.

Assessment is never a pass or fail process. At the end of a set period, you are judged to have completed the outcomes of this course.

If you have not completed the outcomes satisfactorily, your trainer/assessor will discuss areas of further work and advise training tasks or options to be undertaken to meet the outcome requirements.

Statement of Completion/Participation

A Statement of Completion will be issued upon successful achievement of the assessment tasks in this non-accredited face to face course. A Statement of Participation will be issued for live virtual training.

Evaluation of the program

Your feedback is important to us as we use this as part of our continuous improvement cycle. Please undertake our evaluation which will be discussed by your trainer during the course.

Premium Health's customer service

We offer you an on-going service in relation to first aid, health care or mental health course information and invite you to call our office on **1300 721 292** or email us on customerservice@premiumhealth.com.au.

For more information about Premium Health products, services and policies, access our website www.premiumhealth.com.au

WHAT IS PERSONAL CARE?

Personal Care support assists in routine, essential every day 'activities of daily living' (ADL's).

Personal Care Assistants (PCA's), carers and Support Workers provide assistance in ADL's for those who are unable to care for themselves independently with personal hygiene, bathing, showering, toileting, dressing, grooming and meals. This could occur in a range of healthcare facilities or the home. These needs can be met by following a personal care support plan.

ACTIVITIES OF DAILY LIVING (ADL'S)

Activities of daily living are routine activities that people do every day with or without assistance. Those providing personal care require knowledge and skills to support each client in the following basic self-care tasks:

- Eating and drinking (assistance with meals and feeding)
- Bathing and grooming (washing, bathing and showering)
- Dressing (selecting and putting on clothing appropriate to the weather and purpose)
- Walking and transferring (moving from one position to another)
- Continence (bladder and bowel control)
- Toileting (ability to access and use a toilet and continence aids)

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL'S)

Instrumental Activities of Daily Living (IADL's) are tasks related to living independently at home or in the community. They include the following:

- Managing finances
- Handling transportation (driving or navigating public transport)
- Shopping
- Obtaining and keeping clean clothing appropriate for the season
- Making and keeping appointments
- Doing the laundry
- Writing letters or other correspondence
- Taking part in social and leisure activities
- Using prosthetic devices
- Preparing meals
- Using the telephone and other communication devices

- Managing medications
- Housework and basic home maintenance

The planning and implementation of client-specific healthcare support in ADL's, educational, and vocational programs are done on an individual basis, considering any physical, sensory, and emotional disabilities.

The Australian Government offer a program called the Commonwealth Health Support Program (CHSP). It is helping older people keep well and stay independent in their homes and communities for longer, providing entry-level home support for frail older people who need assistance to keep living independently. For those with more complex or intensive care needs, Home Care Packages (HCP) provide support with many everyday tasks.

For clients under 65 years of age with a disability who meet the criteria and are participant's in the National Disability Insurance Scheme (NDIS), may receive support in ADL's and IADL's in their NDIS personal plan.

PERSONAL CARE SUPPORT PLANS

A specific, individualised personal care support plan enables a person to achieve as much independence as possible through intervention and support, promoting independent living and occupational opportunities. It is a starting point for carers, PCA's and Support Workers in knowing what kind of help is needed for each client, providing basic information for how you will care and support each client. Each plan should give a clear picture of the client's needs and preferences.

It is best practice and important to read and understand each client's personal care support plan before you support them.

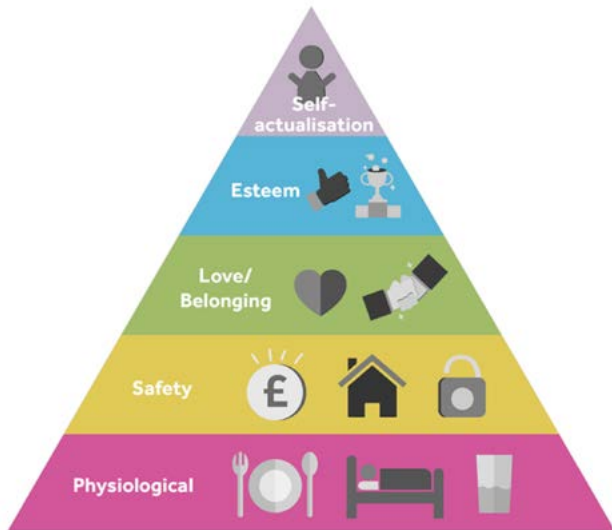
If you do not understand or are unsure about any information, seek clarification from the client, another support worker who knows the client or your supervisor. If you have a client who cannot understand or respond to your questions, you could also ask a family member. Remember to record this information in the support plan, so it is available to all who provide support now and in the future.

HUMAN RIGHTS AND NEEDS

Supporting clients with their personal needs enables them to live independently and facilitates their integration and participation in the community. Irrespective of where support occurs, institutional or in a residential setting, it is the right of the person to be valued and treated ethically.

Developed in 1943, Maslow's Hierarchy of Needs is the world's most famous framework to explain human motivation. Ranging from basic needs at the lowest level of the pyramid to higher complex needs.

Supporting a client requires an understanding of basic human needs, the appropriate skills in personal care and manual handling, and an awareness that what happens in everyday life can affect a person's sense of self.



Our identity is created and continues in social relationships. Even seemingly unimportant day to day contacts can have longstanding effects on a person's sense of who they are. Understanding why a person may need support will allow you to provide the appropriate care to that individual. Quality of life relates to an individual having choice and control, community involvement, physical and cognitive support, comfort and personal care, and creating a sense of normality and authenticity.

As a social environment, all aspects of living in a residential facility, from personal care to communication, breakfast to bedtime, the garden to the dining room, can support a person's sense of self. Little things can make the biggest difference.

The philosophy of care and provision of services to clients with a disability focuses on valued social roles, emphasising the importance of helping them as much as possible to live like any other person. Inclusion, normalisation, and social role valorisation. They are entitled to participate in community life, enjoying the same rights and privileges as others.

In the community and disability sectors, government policy governs the care and rights of individuals, whether cared for in their own homes or a residential care facility. Service providers and their staff must have a client-centered culture, a non-discriminatory approach to all using the service and consider and accommodate cultural, physical, religious, economic, and social differences.

The planning and implementation of appropriate health care, support in activities of daily living, educational, and vocational programs are on an individual basis. It also should consider any associated physical, sensory, and emotional disabilities.

RIGHTS

Victoria's Charter of Human Rights and Responsibilities Act 2006 promotes the freedom, respect, equality, and dignity of all Victorians.

Support should always aim to:

- focus on a person's positive attributes
- reduce embarrassment
- validate a person's sense of self
- support how people wish to present themselves



Communication is a basic Human Right (United Nations Universal Declaration of Human Rights 1994):

- communicate and be listened to
- be treated as an equal participant in conversations
- choose his/her method of communication
- express one's feelings
- request information, objects, events, or actions
- be included in social interaction
- be communicated with in ways that are dignified & meaningful
- be communicated with in ways that are culturally and linguistically appropriate
- live and work in environments that offer opportunities and promote supports in their communication

Often the most ordinary activities such as dressing, bathing, grooming, and dining can be personally meaningful. Strengthening identity and independence, providing comfort, a sense of purpose, well-being, and self-esteem.

The need to help impacts how people feel about themselves. Some forms of help invade personal space and undermine dignity. Helping someone keep their self-identity is difficult because of the diversity of people in residential and respite facilities. Appropriate communication is basic to keeping self-identity.

Making the most of someone's capacity goes beyond the ability to be independent. Independence is about what matters to a person; how they feel is just as important as physical independence.

A "person-centered approach" involves respecting and honoring the uniqueness of the person's right to be involved in all decisions about how to achieve ADLs and IADLs with support.

NDIS Quality and Safeguards Commission implemented the NDIS Quality and Safeguarding Framework, which was released by the Council of Australian Governments Disability Reform Council in February 2017.

It sets out a national system to support NDIS participants, carers, and providers, upholding the standards that participants deserve, ensuring clarity on the rights and responsibilities of participants, providers, and their staff.

DIGNITY AND RESPECT

The person's ability, disability, strengths, weaknesses, skills, and limitations involved in their daily personal and private routines requires respect, privacy, and dignity.

Always try and speak calmly and openly with clients when providing personal care so the other person feels comfortable. If in doubt about a client's preferences in their personal care, refer to their personal care support plan.



SOME TIPS FOR PROVIDING DIGNIFIED CARE:

Permission	Ask for the client's consent before providing care
Privacy	Provide privacy for all procedures that a person would otherwise complete in private.
Respect	Accepting people's preferences, listening to clients, and responding in a positive and professional manner.
Safety	Ensuring the safety of both yourself and your client

Respecting a person's right to choose what care they wish to receive, and their cultural beliefs is an important part in caring for another person. Always remember to look after yourself and take regular breaks to recharge.

WORKING WITH DIVERSITY

Acknowledge and respect the integrity of each client and support worker. Support needs to be consistent with values of the individual's culture, recognising that patterns of behavior and beliefs that characterise a group at a given moment in time influence how they perceive themselves, interact with others and interpret the world around us.

Culturally appropriate personal care is person-centered care that supports individual cultural, linguistic, and spiritual needs.

Use of professional accredited interpreting services (the preferred language of the client and their families) when:

- developing and reviewing health and personal care support plans
- informed consent is required
- information about health, personal care services, and specific procedures is required
- consulting clients and their families about the influence of culture and religion on support services
- considering the cultural and religious impact of certain treatments and medications
- identifying and documenting the family members' role in decision-making about support
- communication required for medical and other emergencies
- referrals made to external health service providers

Cultural humility

Not everyone can know everything about all cultures; cultural humility is about having a willingness to learn from clients about their cultural experiences and beliefs and adapting this to your approach in their care.

COMMUNICATION

Communication is a means to connect people and places; to share information, ideas, and feelings in a way that is understood. Learning to communicate successfully with a client is vital to your role as a direct support worker or carer. Supporting people with a diverse range of abilities and often co-morbidities such as mental, cognitive, developmental, intellectual or sensory, physical, and learning disabilities.

The Disability Discrimination Act, 1992, broad definition of disability includes physical, intellectual, psychiatric, sensory, neurological, learning disabilities, physical disfigurement, and the presence in the body of disease-causing organisms.

Working in the aged or disability sector requires a high level of communication skills by actively listening to the clients on what they are saying. Clients with disabilities may use alternative methods of communication, e.g. sign language, other behavioural cues, or take longer to say what they want to say. Active listening involves asking questions to clarify the situation, showing genuine interest, and offering support.

It is important to be respectful, particularly in situations that may be embarrassing to you or the person you support. Appropriate information about a person's needs and preferences will be in their care plan.



Effective communication skills include:

- active listening (asking questions to clarify the situation, e.g. nodding)
- reflecting (repeating message, ensures meaning clear, clarifying misinterpretation)
- questioning (open questions give the client a chance to expand and express their answer)
- summarising (what you understood, before a new topic or ending the conversation)
- empathy (genuine, honest interest in understanding and offering support)
- humour (laughing with clients, sharing a joke, cartoon, comedy or funny story)
- cultural awareness (make eye contact if culturally appropriate)
- using the client's preferred name
- make non-threatening eye contact & talk straight to the person
- being patient & concentrate (clients get frustrated if need to repeat)
- use plain English
- ask simple questions
- give clear answers
- make instruction specific, clear, brief and direct
- use the same tone and way of talking as you would to any one of the same age
- body language and visual clues
- ask to repeat themselves if needed
- repeat or rephrase if the person doesn't understand
- not presuming they don't understand
- not using condescending language

BARRIERS IN PROVIDING PERSONAL CARE

The main barriers to aiding and promoting independence for client participation can range from emotional barriers, lack of trust or finance to inability to communicate due to sensory deficits or English is their second language. There may also be more demand for services than a service provider can provide and difficulty matching support workers with client's specific needs.

For a client in shared accommodation, lack of privacy, and having to share a bathroom can be confronting, particularly for someone who has lived on their own in their adult life.

PROMOTING INDEPENDENCE

Helping people maintain or improve the quality of their lives, empowers the client which maximises their road to independence. Your help with ADL's and IADL's will have a great impact on their ability to participate in and enjoy life. For others, you will be the only way they can complete much of what they need to keep safe and healthy from day to day.

Support has a duty of care to balance any risks involved with reasonable boundaries in place. All people within a client's life need to respect the role of other professionals and work together for the best interest of the person, always respecting the person's rights, choice and control, fostering independence in accessing and using generic and specialist health services.

Every day, we need to get out of bed, toilet, bathe, brush hair and teeth, select clothing, dress, and eat. Maintaining personal hygiene enhances an individual's physical and emotional well-being, making them feel more comfortable and relaxed. When a person loses the ability or has never been able to do these things due to disability or illness, life becomes more difficult, and they may feel sadness, anger, frustrated, helpless and vulnerable. This means individuals with age-related conditions, disability, recent or from birth, may need assistance with simple activities of daily living that we take for granted.

WORKPLACE SAFETY

Each client's specific care plan is a living document requiring ongoing, continuous assessment, and review. Equipment for aiding and promoting independence enabling maximum client participation may include but not limited to:

- shower commode chair
- shower stool
- bathroom grab rail
- hand shower hose
- PUW - Pick Up Walker
- SW - Standard Walker
- WC - Wheelchair
- WW - Wheeled Walker
- WF - Wheely Frame

- GF - Gutter Frame
- WSK - Walking stick – 4 point or single
- sock donner
- shoehorn
- bed stick
- long handled pick up a stick
- built-up cutlery (poor hand-eye coordination or grip)
- big button telephones
- smart technology – google devices
- electric toothbrushes
- electric shaver
- electric wheelchairs



The care plan will indicate if the client is a “Falls Risk” and any safety measures in place to protect the client and the support worker. These must be followed by all who support the client with ADL’s.

The health and wellness of both you and your client are important when doing any task that involves physical effort, like moving from one surface to another or shifting in a bed or from a seat.

Communicating with both parties when manual handling people who can assist, benefits you and the client. Always consult with the client to assess how much they can help, allowing them to assist wherever possible using verbal and non-verbal cues, encouraging and involving them as much as they are able, keeping them informed on the next move and what to expect.

These safety measures reduce or eliminate the risk of injuries, ensuring correct body mechanics. It is mentally good for their self-esteem, road to independence and physically maintaining their core strength and muscle tone.

Wherever possible, to eliminate or reduce manual handling, the client should be encouraged to move as much as able. Support workers should respect individual preferences and cultural norms and, whenever possible, enable clients to follow their preferred routine.

PERSONAL HYGIENE

Hygiene is the self-care by which people maintain cleanliness that is conducive to the preservation of health. Personal hygiene includes activities such as bathing, toileting, general body hygiene, and grooming. The measures people take to keep their bodies clean. Neglect of personal hygiene can have a detrimental effect on the physical and psychological health and comfort of the person. Maintaining hygiene promotes a positive body image and protection against diseases such as infection.

The type and amount of help that is needed will have been identified through an assessment and documented in their care plan.

Although it may take longer for a client to do a task, encourage and support self-care as much as able so they don’t lose this skill and have some control.

For example, someone who is paralysed from the waist down and still has the movement of their arms, can brush their teeth and wash their face.

Many adults have been doing personal care routines for many years, and these rituals have become engrained in daily schedules. Personal hygiene habits can vary from culture to culture. For example, the habit of showering or bathing at night or preference for in the morning.

The importance of cleanliness varies according to one’s personal preference, cultural, religious values, and lifestyle. Other factors that may affect one’s hygiene practices include their:

- stage of development
- impaired communication
- challenging behavior
- level of independence
- physical capabilities
- medical condition
- fragile skin (sensitivity to high temperatures, irritations & harsh soaps)
- breathing difficulties
- pain on movement
- deformity
- contractures
- obesity
- emotional state
- economic state
- knowledge of the significance of hygiene
- facilities availability
- environment or climate

BATHING

Bathing should be an enjoyable and refreshing experience, helping a person feel better about themselves and their appearance. It improves blood flow, eases discomfort, helping the client to relax, promoting good health and well-being. Cleansing and removing dirt and excess oils from the skin, stimulating circulation, providing passive and active exercise and an opportunity for support workers to observe the skin and connect with the person.

Traditional bathing techniques are as follows and always read the clients care plan before providing support.



The complete bed bath

- clients are resting in bed (RIB) and non-ambulant
- raise the bedside rails (if available) on the far side
- adjust the bed to a comfortable, safe working height

A partial bed bath can alternative to a complete bath or shower.

Tub bath

- unsuitable for the disabled or elderly due to increased risk of falls and manual handling in and out of the bath

Shower

Irrespective of the method used for bathing, the following general guidelines apply. Always follow your organisations policies and procedures and prepare by reading the person's care plan:

- collect everything you need – clothing, toiletries, towels, and facecloth
- privacy - screen the client, close curtains, blinds or close the door
- clean bath or shower before use
- be familiar with safety devices, check handrails and grab bars
- wear personal protective equipment (PPE), gloves if broken skin, wounds present
- temperature – warm, comfortable bedroom or bathroom, free of drafts
- check the temperature of the water
- no electrical appliances in the bathing area

During:

- support worker is to stay with the client at all times
- provide a spare towel or blanket to cover the client for warmth and privacy
- do not use bath oils as they make the surface slippery
- ask and assist the client to participate in washing
- start from the head, working down, front, back then perineum
- protect yourself and the client by using safe manual handling body techniques
- soapy, dirty or cool water to be changed when needed
- observe the skin's integrity and report any redness, rashes, breaks
- wash, rinse and dry one part of the body at a time
- pat dry – do not rub the skin

After:

- protect the skin and apply lotion or oil per clients care plan
- report and document any changes in the client's condition or skin integrity, per workplace policies and procedures

Always listen, consider, and try to accommodate the preferences of the client's bathing routine per care plan. Be aware that getting into and out of a bath or shower may be difficult for the client and offer support and assistive devices such as a shower chair or stool to give them the option of sitting in the shower.

To prepare, read the client's care plan.

If a client is unable to enter a bath or shower or prefers not to have a shower every day but still wants to personally care for his/her hygiene, a good alternative is to provide a washbowl or assist them in using the sink. Providing this alternative encourages them to do as much as they physically can for themselves, moving at their own pace while giving them the independence of caring for themselves.

- gather toiletries and clothing (before the client is in the bathroom)
- check the bathroom is a comfortable temperature
- check there is a non-slip safety mat (or surface such as rubber mat or strips)
- place a shower bench or seat in the shower (if required)
- place a non-skid bathmat on the floor in front of the shower or bath
- be aware of any special handling needs
- be aware of any health problems
- check the water temperature & pressure
- adjust the water temperature before the client gets in the shower or bath.
- never turn on hot water once the client is in the shower or bath

SKINCARE

Normal skin changes with age, but the fundamentals of keeping skin clean and healthy are not different from those of caring for young skin.



Such as:

- no soap on eyes and face
- washing and rinsing from clean to dirty, head to toe, front to the back of the perineal area to reduce infection
- paying attention to under skin folds, e.g., female breasts and males if the penis is uncircumcised
- drying carefully between the toes
- normal skin changes in aging include a decrease in:
 - the outer layer making it more sensitive and easier to damage
 - the fat layer
 - oil gland activity
 - sweat gland activity
- liver or age spots on the face, arms, and back of hands

Due to ageing, clients can be more prone to develop pressure sores and feel colder. The skin begins to sag and wrinkle and can be easily bruised, bumped, scraped, and prone to skin tears.

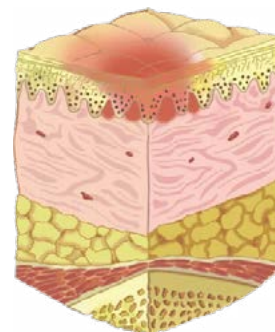
Healthy skin can be affected by the aging process, pain, depression, confusion, or injury.

Arterial and peripheral vascular disease, diabetes, anaemia, and oedema, resulting in poor circulation. It is important to preserve and maintain the skin to avoid damage to underlying tissue, muscle, and bone, pressure ulcers caused by constant, unrelieved and prolonged pressure or rubbing.

Development is most likely in any area where there are bony prominences close to the surface of the skin and less padded by muscle and fat such as the hips, heels, buttocks, elbows, knees, ankles, shoulder blades, ears, and back of the head. They can develop and progress quickly from classified stages or grades 1 to 4.

A client "at-risk" of pressure ulcers will have had a skin assessment. The outcome of the skin assessment and

any specific skincare required will be in their care plan and regular care plan review, with prevention strategies for personal care to reduce the risk of pressure ulcers or skin tears developing, protecting skin integrity and personal hygiene program.



If a pressure ulcer does develop, early recognition and care strategies must be put in place to prevent them from deteriorating and to promote healing. When circulation is poor, wounds can take longer to heal.

"At-Risk" clients include:

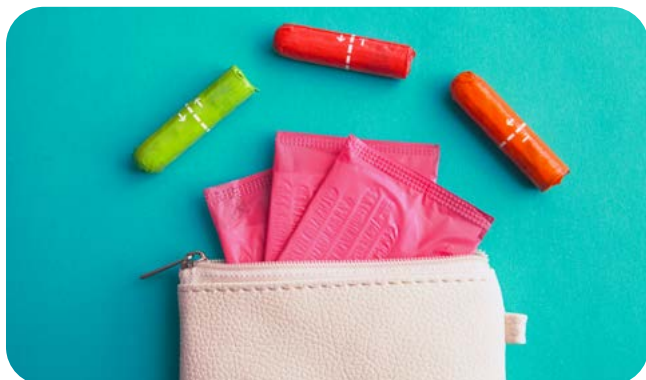
- non-ambulant, immobile (unable to move independently, confined to a bed or a chair)
- loss of sensation or feeling in part of their body (spinal injury)
- poor circulation
- moist skin due to perspiration or urinary/faecal incontinence
- poor nutrition or are unwell
- over 70 years of age
- sudden weight loss
- low body mass index
- diabetic
- obesity
- poor hygiene
- dehydration
- fever
- dry or scaly skin
- poor cognition (mental thinking)
- alzheimer's disease
- neurological conditions (eg: multiple sclerosis (MS), Motor Neurone Disease (MND) or Acquired Brain Injury (ABI))

When showering or bathing a client who is elderly, has frail skin or identified as "at-risk", ensure that skin is patted dry, not rubbed as this can abrade or tear the skin. Pay attention to drying skin under skin folds and always documenting and reporting any changes in their condition per workplace policies and procedures.

MENSTRUATION

Menstruation is a normal and healthy process for women, however those with an intellectual or physical disability may require assistance from others.

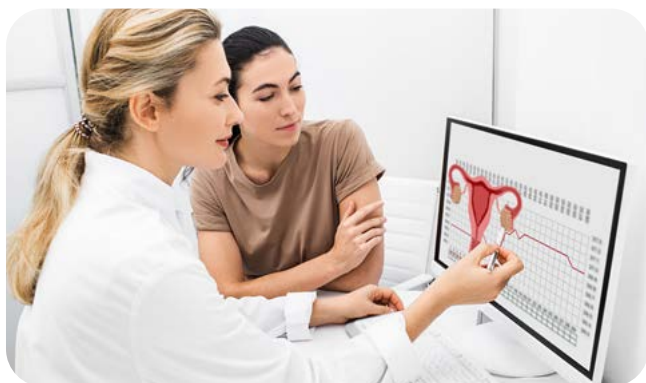
It is important to remember that irrespective of disability, all women have the right to the range of options available in managing their menstrual cycle.



THINGS TO BE CONSIDERED ARE:

Age	Those who have just began menstruation through to those approaching menopause.
Level of ability	A women's cognitive capability may impact her ability to understand how to manage her menstrual cycle. Menstrual education programs can be helpful in this instance.
Personal hygiene skills	If a woman is able to use a toilet independently it can be assumed they are able to check their pad, change it or change their tampon depending on their cognitive function.

If a woman requires assistance with managing menstruation and requires assistance with toileting at regular intervals, support workers should check and change the pads at the same time.



Standard infection control measures should always be observed to prevent blood-borne infections such as HIV/AIDS, Hepatitis B and C.

As with providing all levels of personal care, the same level of dignity and respect should be provided in caring for someone during menstruation.

Convenient and suitable facilities to discard used sanitary products should be available to women, creating an environment that promotes independence.

Personal beliefs and attitudes:

Menstruation is a normal physiological function for women, although it is important to acknowledge different ethnic and cultural views on the menstrual cycle.

Whilst menstruation is usually a simple and comfortable process for most women, in others it can be painful and distressing. It is important to recognise abnormalities and report to your supervisor or seek medical attention if necessary.

THINGS TO LOOK FOR ARE:

Degree of blood loss	e.g.: how many pads have been used and if it is normal for the women.
Frequency of periods	
Duration of menstruation	
Associated symptoms	Such as cramps, clots, mood changes or seizures. Some women with epilepsy will have more seizures just before or during menstruation.

Some women may have their menstruation temporarily suppressed with the use of certain medications such as the oral contraceptive pill, implantable and injectable hormones, or permanently suppressed through endometrial ablation or hysterectomy. It is important to be aware of a female's suppression status and always consult their care plan for detailed information on the personal care they wish to receive during menstruation.

GROOMING AND DRESSING

When assisting with grooming and dressing, read the client's care plan, and encourage choice and control as much as possible allowing the clients to do as much as they can for themselves. Some clients may have ways or routines of grooming themselves, which remain important even when people are older, sick, or disabled.



Haircare

Refreshes and stimulates the circulation of the scalp.

Prepare:

- › Ask the client how they would like to have their hair done?

During:

- › Gently brush starting at the scalp.
- › Work your way down the hair to the ends.
- › Untangling and pulls oils down the hair shaft.

After:

- › Clean the comb or brush after use.
- › Never shares combs or brushes.
- › Shampoo and condition the hair as necessary per the client's care plan.



Shaving

For most men, shaving is a lifelong ritual. A male client should be allowed to shave unless it is unsafe for him to do so. A female client may desire to have her legs, armpits or facial hair shaved. An electric razor is the easiest and safest to use, and clients who have diabetes or who take anticoagulants should use an electric shaver.

Prepare

- › Read the client's PCP for any special precautions or procedures.
- › Wear PPE - gloves.
- › Ask the client how and where on the face they want to be shaved.

- › Soften the beard and skin with a warm facecloth.
- › If using an electric razor, check the blades are sharp and clean.

During:

- › Apply shaving cream.
- › Use the clients own equipment (use a disposable safety razor if no electric one).

After:

- › Clean the electric razor after use.

or

- › Dispose of disposable safety razor in a sharps container.
- › Never share disposable or electric razors.

Nail and foot care

Care of the finger and toenails involves keeping them clean, shaped, and trimmed according to the policy of your organization and the client's personal preference. Regular care of the nails is important because dirty finger and toenails can carry microorganisms which may be transferred to food or passed to other people. People who have dirty nails can also infect themselves by scratching.

As we get older, our nails tend to become rigid, grooved, thick, and brittle. They grow at about half the rate than those of younger adults and children.

"At-risk" clients with diabetes or any circulatory disorders that affect the lower limbs are at a high risk of infection, which can start easily in a damaged nail bed. It is the policy of many healthcare facilities that only a podiatrist is permitted to perform nail care, manage callouses, ingrown toenails or very thick nails and not the support workers or nursing staff.

Prepare:

- › Read the client's care plan for any special precautions or procedures.
- › Wash your hands.
- › Wash the client's hands .
- › Equipment - blunt instrument (orangewood stick – rough surface for manicuring nails).
 - do not use a metal file as it can make the nails rough and trap dirt
- › Clients own nail clippers (not scissors).

During:

- › Wash hands under running water and clean under the nails using the pointed end of the nail stick to remove any visible dirt
- › Soak the nails in warm, soapy water for 3-5 minutes to soften nails and the cuticles making them easier to manipulate.
- › Soak longer for 5 -10 minutes for very dirty nails.

- Dry the hands or feet by gently patting dry.
- Trim carefully to prevent damage to the nail beds and surrounding tissues.
- Toenails trimmed straight across (or they will grow inwards, risking pain and infection).
- Shape fingernails with an emery board or non-metal emery board.

After:

- Rinse the nail stick off or dispose of it.
- Use nail scissors to gently trim nails if unable to use an emery board.
- Massage the nails and cuticles with a lotion.
- Report and document any changes such as inflammation, cracked skin, sores or foul odours per workplace policies and procedures.



Oral health

Oral health refers to the condition of the person teeth and gums as well as the health of the muscles and bones in their mouth. Oral hygiene is keeping the mouth and teeth clean. Poor oral hygiene leads to dental decay and unhealthy mucous membranes providing a potential source of infection as well as discomfort. Food particles left on the mouth and teeth leave an unpleasant taste and lead to bad breath (halitosis).

Research indicates that good oral health is fundamental to overall health and well-being. Playing a role in protecting the body against infection and disease, without it a client's general quality of life and the ability to eat, speak and socialise is compromised, resulting in pain, discomfort or embarrassment.

CARE OF THE MOUTH INCLUDES:

Brushing and flossing the teeth	Removes plaque and food debris, massaging the gums.
Brushing the tongue	Cleanses and prevents mouth odour and infection.

CARE OF THE MOUTH INCLUDES:

Rinsing	With alcohol-free mouthwashes, removes unpleasant tastes or odours.
Fluid	Adequate intake stimulates the flow of saliva, washing away dead skin cells, food debris, and microorganisms.
Saliva	Keeps the mouth moist and acts as a mild antiseptic.
Diet	A well-balanced diet provides essential nutrients for growth and repair. <ul style="list-style-type: none"> • foods that require chewing stimulate saliva flow and circulation to the gums
Inspection	A planned dentist or dental technician appointment to allow inspection for tooth decay, cleaning, and treatment of any cavities or abnormalities regularly.

As a person ages:

- soft tissues of the teeth harden
- gum tissue recedes from around the teeth
- saliva decreases, increasing risk of tooth decay and infection
- oral membranes become pale and dry.
- pain perception decreases, making it difficult to detect painful toothaches
- problems with the gums, salivary glands, lips, muscles, and jawbones.
- tobacco smoke, food pigments, and saliva salts cause discoloration of teeth that cannot be removed by surface cleaning

Complications of poor oral hygiene:

- including dental decay and halitosis,
- dryness of the mucosa – cracking or ulcers
- reduced nutrition due to the inability to chew
- diet restrictions
- coated tongue leads to dulling of taste and a loss of appetite
- poor appetite, leading to weight loss and malnutrition
- associated with the development of pneumonia in older adults (due to accumulation of food particles, dead epithelial cells, and microorganisms on the teeth, tongue and lips)



Clients with disabilities are at increased risk of oral health problems related to their ability to undertake competent, regular oral hygiene practice. Those who have difficulty swallowing may have the inability to clear food from the mouth and cheeks for long periods contributing to oral health problems. Some behaviours and conditions may exist that harm oral health and hygiene.

Support can encourage clients to brush their teeth daily or assist them before bedtime. Regular brushing and flossing can prevent decay and mouth disease, improve blood flow, and enhance appetite.

Dentures and partial plates also need regular care to ensure a healthy mouth and should be checked regularly for proper fit. Dentures cleaned at least once a day to prevent staining, bad breath and gum irritation.



Brushing teeth

If you assist a client with oral hygiene, examine the mouth regularly for signs of redness, swelling or bleeding, obvious dental decay, pallor, inflammation or the presence of ulcers on the mucosa. Also examine the lips for hydration, pallor or cyanosis, presence of cracks or vesicles.

Maintaining the client's oral health requires a coordinated team approach.

- oral healthcare plan
- twice daily care of mouth and teeth
- regular visits/dental treatment to a dentist (dental technician if dentures)
- recording and reporting any changes, e.g.; oral thrush

EATING AND DRINKING

(assistance with meals and feeding)

The NDIS Quality and Safeguards Commission NDIS Practice Standards skills descriptors states that mealtime preparation and delivery is a high-intensity support activity. Support workers may work with people who require mealtime assistance and follow written meal preparation and delivery. Providers will support their workers and others involved in providing supports to:

- read, interpret, and implement mealtime management plans
- follow food preparation procedures
- deliver food and monitor eating to identify and respond to risks
- postural requirements as well as any additional support measures



Providers will deploy staff with knowledge of:

- signs and symptoms of swallowing and feeding difficulties
- risks associated with eating and swallowing'
- risks associated with not following mealtime plan; food preparation requirements and methods for common conditions e.g. people with dysphagia
- awareness of procedures and methods for including medication
- common terminology related to mealtime preparation and modified meals

DOCUMENTATION, REPORTING AND RECORDING

Most workplaces have various methods of recording and reporting client information to ensure continuity of care. When identifying and reporting changes in observable health status or behaviour, you have a responsibility to the client, their employer and the organisation to:

- observe and respond to a situation
- report any changes in observable behavior, health or well-being
- maintain the dignity, privacy, and respect
- minimise risk or potential risk
- follow occupational health and safety policies and procedures

- seek advice with colleagues, supervisors or other professionals when necessary
- be familiar with the client's care plan
- understand relevant policies and procedures in the workplace



REPORTING CAN BE DONE BY:

Report	Daily reports/client records.
Comms Book	Communication books to inform staff and family members.
Care Plans	With specific instructions for the provision of care needs and care provided.
Incident Reports	A requirement after an injury or near-miss.
Regular Staff meetings	
Handover shift	Information about the current status of the client, is shared.

Possible reasons for a change in a care plan can be changes associated with:

- aging
- physical processes
- cognitive function
- social interaction
- role and family relationships
- living arrangements
- level of independence (financial, community access or self-care)
- increase or decrease in service providers resources
- support workers roster and shift times

IN SUMMARY

Personal Care Attendants (PCA's) and support workers provide care to vulnerable demographics with specialised healthcare needs every day, including personal care and related service provider services by following an established plan of care.

Effective communication ensures accurate and appropriate care, facilitates the client's participation in health decisions and helps establish a meaningful and respectful relationship between support staff and the client.

WHEN PROVIDING PERSONAL ASSISTANCE, YOU NEED TO CONSIDER:

Permission	Asking the clients consent and what assistance they need and prefer.
Information	Reading a client's care plan and knowing what to do before providing support.
Privacy	For all procedures that a person would complete in private.
Respect	Accepting people's differences, listening to clients and responding in a positive and professional manner.
Safety	Ensuring the safety of both yourself and your client.
Independence	Understanding and following individual care plans, encouraging clients to care for themselves, and participate as much as they are able.
Professional conduct	Relating to all tasks you perform as a support worker concerning the above, including boundaries, confidentiality, reporting and recording.

RESOURCES

Activities of Daily Living (ADLs) (2021)

<https://mecfssa.org.au/resources/activities-of-daily-living-adls>

Commonwealth Home Support Program (2023)

<https://www.myagedcare.gov.au/help-at-home/commonwealth-home-support-programme>

Better Oral Care In Residential Care Training

<https://agedcare.health.gov.au/publications-articles/resources-learning-training/better-oral-health-in-residential-care-training>

Aged Car Royal Commission

<https://agedcare.royalcommission.gov.au/>

Oral Health And Dental Care In Australia

<https://www.aihw.gov.au/reports/den/231/oral-health-and-dental-care-in-australia/contents/summary>

Supporting Women Carers

<https://cddh.monashhealth.org/wp-content/uploads/2016/11/supporting-women-carer.pdf>

My Aged Care

<https://www.myagedcare.gov.au/>

National Disability Incentive Scheme

<https://www.ndis.gov.au/>

Providing Personal Care Guide - Disability Services

<https://providers.dffh.vic.gov.au/providing-personal-care-guide-disability-services>

Safety & Wellbeing - Dignity In Care

<https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+programs+and+practice+guidelines/safety+and+wellbeing/dignity+in+care>



Premium Health has a range of first aid, health care, mental health and high intensity support skills training programs conducted by our nurses, paramedics or mental health practitioners.



Call us to discuss our onsite face-to-face and live virtual classroom options, delivered anywhere in Australia.

HEALTH CARE

- Assisting clients with medication
- Assisting clients with medication (part 2)
- Advanced medication - eye and ear drops, topical creams, oral liquids and patches
- Autism spectrum disorder
- Blood pressure – using a digital blood pressure machine
- Complex bowel care training - enema and suppository administration
- Complex bowel care training - ostomy and stoma care
- Complex wound care support training
- Coronavirus and infection control
- Dementia training for support workers
- Diabetes training for support workers
- Dysphagia support training
- End of life care
- Enteral feeding support training (tube feeding via PEG and PEJ)
- Epilepsy training for support workers
- Epilepsy and seizure support training and midazolam administration via intranasal and buccal routes
- Food safety awareness for support workers
- Infection control
- Managing behaviours with positive support
- Manual handling
- Nebuliser training for asthma
- Positive behaviour support
- Pressure injury – prevention and care for support workers
- Providing personal care with dignity and respect
- Shallow suctioning
- Urinary catheter support training (IDC and SPC)

FIRST AID TRAINING

- Cardiopulmonary resuscitation (CPR)
- Provide first aid
- Asthma and anaphylaxis
- Advanced first aid

MENTAL HEALTH

- Mental health first aid
- Leadership and resilience training
- Mental health awareness

And many others...

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