

12 Personal Care

Introduction

Personal care means providing care that is related to the patient's body, appearance, hygiene, and movement.

Tasks Related to Personal Care Include:

- Bathing
- Teeth and [mouth](#) care
- Dressing/grooming
- Toileting
- Eating
- Ambulation
- [Transferring](#)
- Care of the patient's environment
- Assisting with self-administration of medication

People may require personal care for a number of reasons. Assistance with personal care may be temporary while a person is recovering from an injury or illness or may be permanent, and is required for the remainder of their lives.

Types of Patients Who May Need Personal Care Include:

- Patients who are recovering from an illness or accident
- Patients with a long term chronic condition (e.g. heart failure, [diabetes](#), HIV/AIDS)
- Frail patients or those of advanced age
- Patients who are permanently disabled
- The dying patient
- Infants whose caretakers need assistance caring for them

Providing personal care is a priority for the Home Health Aide/Personal Care Aide. It is the most important task they do. Personal care provision demonstrates to the patient concern about their physical health and general well-being.

This module will explore the importance of providing personal care and provide instruction with performing tasks related to personal care. The importance of [infection control](#) and how Home Health Aides/Personal Care Aides can work to break the [chain of infection](#) in order to keep

patients healthy is discussed. Bathing, teeth/[mouth](#) care, dressing/grooming, toileting, and eating are topics discussed with explanation on how Home Health Aides/Personal Care Aides can provide assistance with these types of personal care. Transferring patients to and from various positions, and assisting with [ambulation](#) are detailed. Care of the infant with regard to properly holding, feeding, and bathing is discussed. Finally, for Home Health Aides who will assist with the self-administration of medication, the importance of the [five rights of medication self-administration](#): [right patient](#), [right medication](#), [right dose](#), [right route](#), and [right time](#) are reviewed.

Unit A: Infection Control

Infection Control

Providing personal care begins with the Home Health Aide/Personal Care Aide and their ability to maintain proper [infection control](#). Handwashing is the number one way to prevent the spread of [infectious agents](#). An **infectious agent** is anything that can cause disease, such as bacteria, virus, or parasites. It is the easiest and most effective way for a Home Health Aide/Personal Care Aide to stop the [chain of infection](#).

Chain of Infection

The [chain of infection](#) is how infection is transmitted (passed). The chain of infection consists of five parts: [reservoir](#), portal of exit, [mode of transmission](#), portal of entry, and susceptible host.

1. Reservoir: A reservoir is the same thing as a host. Reservoirs include humans, animals, and the environment, such as water or soil. This is the person, animal, or place where the [infectious agent](#) lives and grows (CDC, 2012).

2. Portal of exit: This is how the infectious agent leaves its host (CDC, 2012). Portals of exit can include the respiratory system, urine, feces, and even the skin. For example, if a person has influenza (the flu), they can transmit the virus to another person when they sneeze. If a person has hepatitis B or HIV, they can transmit the virus through their blood or body secretions.

3. Mode of transmission: This is how an infectious agent is transmitted (or given) to a person. There are several modes of transmission: [direct contact](#), [droplets](#), [airborne](#), [vehicles](#), and [vectors](#) (CDC, 2012).

- [Direct Transmission](#): [Infectious agents](#) are transmitted either through [direct contact](#) with a [reservoir](#) (host) or by droplet transmission.
- **Direct Contact:** Transmission this way occurs through direct skin to skin contact, sexual intercourse, and exchange of body fluids such as while kissing. Mononucleosis, Hepatitis B, and HIV are spread via [direct contact](#) (CDC, 2012).

- **Droplets:** Transmission this way occurs when [droplets](#) from sneezing, coughing, or talking are spread a few feet onto another person. Pertussis and meningococcal infections are spread via [droplets](#) (CDC, 2012).
- **Indirect Transmission:** Infectious agents are transmitted from a [reservoir](#) to a host through airborne [droplets](#), inanimate objects ([vehicles](#)), or animate intermediaries ([vectors](#)) (CDC, 2012).
- **Airborne:** Transmission this way occurs when [droplets](#) remain suspended in air and eventually contaminate a susceptible host. Measles is an example of an infection that is spread by airborne transmission (CDC, 2012).
- **Vehicles:** Transmission by [vehicles](#) occurs through blood, water, food, and [fomites](#) (objects such as surgical instruments, used tissues, and dirty bedding). Hepatitis A is transmitted through a vehicle as it is carried through food or water that has been contaminated; botulism is spread via a vehicle as the bacteria are found in contaminated canned food (CDC, 2012).
- **Vectors:** Transmission via [vectors](#) occurs through ticks, mosquitoes, and fleas. Malaria is transmitted through mosquitoes (a vector); Lyme's Disease is transmitted through ticks (a vector) (CDC, 2012).

4. Portal of entry: This is how the [infectious agent](#) enters the host or person (CDC, 2012). The portal of entry is often the same as the portal of exit. For example, influenza exits an infected person's respiratory tract and enters another person's respiratory tract (CDC, 2012).

5. Susceptible host: The susceptible host is the person or animal who contracts the infectious disease. The very young and the elderly are most at risk for contracting an infection. The immune system is not fully developed in a young child. As we age, our immune system is no longer as effective as it was when we are young. People who are already sick or [immunocompromised](#) (who have an immune system that is unable to fight infection) are at high risk for becoming a susceptible host.

Home Health Aides/Personal Care Aides have an important role in breaking the [chain of infection](#). By properly washing hands, wearing gloves when coming into contact with body fluids and blood, and properly cleaning and sanitizing equipment and the home, HHAs/PCAs can help stop the chain of infection. Other ways that HHAs/PCAs can help break the chain of infection include teaching patients to sneeze or cough into a tissue and then immediately wash their hands. Teaching patients to practice proper hand hygiene before meals, after using the bathroom, and anytime hands become soiled is another important way HHAs/PCAs can help stop the [chain of infection](#).

HHAs/PCAs should also teach patients to place used sharps from needles in designated sharps containers. Used needles should never be disposed of in the garbage or left out. This puts others at risk for contracting an infectious disease. Disposal of sharps containers will vary depending on where the HHA/PCA lives. This is an important issue that should be discussed with a supervisor.

Handwashing is the number one way to prevent the spread of infection. Hands should be washed when they are visibly dirty or soiled with blood, body fluids, and secretions. Hands should be washed before and after eating and using the restroom. Hands should be washed when arriving at and before leaving the patient's home. Wash your hands before putting on gloves and after removing them. Wash your hands before and after all patient contact, including contact with the patient's belongings.

When Home Health Aides/Personal Care Aides care for patients, they should always practice proper hand hygiene and use **personal protective equipment (PPE)**. This includes the use of gloves. Gloves should be worn anytime the HHA/PCA will come into contact with blood or body fluids, such as urine, feces, or vomit. Gloves should always be changed when they are visibly soiled or ripped.

The following procedures will discuss proper handwashing, [Donning](#) and [doffing](#) of gloves.

Procedure: Hand Washing

1. Ensure all materials needed are on hand at the sink. This includes soap, paper towels and/or a cotton towel if paper towels are unavailable. Be sure the soap is within arm's length so you do not have to touch the sink to reach it.
2. Roll up your sleeves and remove your watch and jewelry. These items may hold bacteria.
3. Stand away from the sink. Do not let your hands, body, or uniform touch the sink at any time, as the sink is contaminated.
4. Wet your hands and wrists thoroughly under warm, running water.
5. Apply soap to your hands.
6. Keep your hands and forearms lower than your elbows, with your fingertips down. Your hands are dirtier than your forearms. If you allow water to run from your hands to arms, you will contaminate those areas.
7. Rub your hands together and lather all surfaces of your wrists, fingers, and hands.
8. Clean your nail beds by rubbing them in the palm of your other hand. Pay attention to knuckles and the sides of your fingers. Ensure all your fingers are washed, including thumbs and little fingers, which can easily be missed. Interlace your fingers and use a rubbing motion to ensure all surfaces of your hands and fingers are washed.
9. Use [friction](#) by rubbing your hand surfaces together for at least 20 seconds, which is the appropriate length of time to cleanse hands according to the CDC current guidelines. Humming or singing the "Happy Birthday" song twice from beginning to end is one way you can time 20 seconds.
10. Rinse all surfaces of your forearms, wrists, hands, and fingers, ensuring that you keep your hands below your elbows, and allow the water to rinse off, starting from forearms to wrists down to fingers. This prevents dirty water from your hands from running onto your forearms and contaminating those areas.
11. Be sure to not touch the sink while washing your hands.
12. Use a clean, dry paper towel or clean cotton towel to dry your hands. Dry your hands starting with your fingers, and move up to your wrists, and then forearms.
13. Dispose of the paper towel in a garbage can without touching the garbage can or other surfaces.
14. With a clean and dry paper towel, turn off the faucet. Faucets are dirty, and you risk contaminating your hands if you use your hands and not a paper towel to turn off the faucet. Use a clean and dry paper towel, rather than the wet one used to dry your hands. This prevents bacteria and other pathogens from transferring onto the paper towel and then your hands.
15. Dispose of the paper towel.

16. Apply cream or lotion to your hands as needed to prevent your skin from cracking or drying. Cracked or dried skin leads to skin breakdown. Skin breakdown leads to open areas for bacteria and other pathogens to easily enter your skin.

Use of Alcohol-Based Hand Sanitizer:

1. In the case when no running water is unavailable, you may use an alcohol-based cleanser that contains at least 60% alcohol.
2. Apply a generous amount of alcohol-based sanitizer to the palm of one hand.
3. Rub your hands together, covering all surfaces of your hands and fingers. Use [friction](#) as you would when washing your hands with soap and water by rubbing hand surfaces together.
4. Interlace your fingers and rub hands together to ensure all surfaces of your hands have been covered with the cleanser.
5. Rub the palm of one hand over the back of the other.
6. Rub the thumb of one hand in the palm of the other. Do the same with your other thumb.
7. Rub the fingers of one hand into the palm of the other to clean nail beds. Repeat to clean the nail beds of your other hand.
8. Rub hands together until the product has completely dried.
9. Remember, hand sanitizers are not as effective at removing germs as washing your hands. You should use soap and water when hands are visibly soiled or dirty.

Procedure: Donning & Doffing gloves

Gloves should be used any time you will come into contact with blood or body fluids including vomitus, urine, feces, or saliva. Gloves should also be worn when providing a bath, [mouth](#) care, when shaving a patient, and when disposing of soiled linens, dressings, and [bed pads](#). Gloves should be worn anytime you have [cuts](#) or open areas on your hands in which bacteria could enter your skin. If allergic to latex Home Health Aides/Personal Care Aides should inform their employer so that appropriate latex free gloves can be provided to them. Gloves are only to be used once. Never wash or reuse them. Any time gloves become soiled, torn, or wet, replace them with new ones. Remember to perform hand hygiene prior to and after removing gloves.

Donning (Applying) Gloves:

1. Wash and dry your hands as outlined in the hand washing procedure.
2. If right-handed, pick up one glove with your right hand. Position glove so that the thumb side of the glove aligns with your thumb on your left hand. Slide glove onto your left hand.
3. If left-handed, pick up glove with your left hand and slide onto your right hand. Be sure not to touch anything that may be contaminated.
4. Keep hands above your waist while [donning](#) gloves to ensure you do not touch contaminated surfaces.

5. With your gloved hand, take the second glove and slide your other hand into it.
6. Be sure to replace any gloves that appear soiled, ripped, or torn.

Doffing (Removing) Gloves:

1. When removing gloves, touch only the outside of the glove. Do not touch your wrist or skin with contaminated gloves.
2. Grasp the outer surface of the glove below your thumb. Be careful not to touch the skin under your glove. Grasp the glove and peel the glove off, so that it is inside out. Keep the discarded glove in the remaining gloved hand.
3. With your ungloved hand, put two fingers underneath the cuff of the remaining glove, taking care not to touch the outside of the dirty glove. Peel glove off your hand in the direction towards your fingers, away from your body. As you remove the glove, turn it inside out into the other discarded glove. This keeps the soiled gloves together with their dirty surfaces folded inside, rather than on the outside. This prevents risking contaminating your hands with the soiled gloves.
4. Discard gloves and wash your hands as outlined in the hand washing procedure.

Unit B: Bathing, Back Rubs & Assisting with a Clean Dressing

Assisting a patient with regular bathing is important for patient health and for promoting [self-esteem](#) and healing. Patients who are recovering from an injury or illness, have a chronic condition, are permanently disabled, dying, or who are frail may require assistance with performing this essential task. This is an important part of the job of a Home Health Aide/Personal Care Aide. The Care Plan will direct the HHA/PCA as to the frequency and type of bath that should be performed. At minimum, a patient should have their face and genital areas cleansed daily in the morning. In the evening, HHAs/PCAs should offer to assist or provide the patient with evening care. This includes washing the face, brushing teeth, and any other area the patient wishes.

Providing for personal care gives Home Health Aides/Personal Care Aides an opportunity to assess a patient's skin and to communicate with patients about their thoughts and feelings. The HHA/PCA should observe the patient's skin for changes in color, temperature, swelling, new [bruises](#), open areas, red areas, or sores. These should be documented and the supervisor informed.

Home Health Aides/Personal Care Aides should always encourage the patient to perform any personal hygiene task they are able and provide assistance as needed. Some patients may be able to bathe or shower independently, or with minimal assistance. Some patients will require **complete (or total) care**, meaning the HHA/PCA will have to provide their personal hygiene care completely. If a patient is [immobile](#), weak, or frail, bed baths should be provided

instead of risking a patient fall in a bath tub. Never allow a weak or frail patient to stand in a shower alone. In these types of situations, a tub or bed bath may be more appropriate. The HHA/PCA can also shampoo the patient's hair in bed by using a shampoo tray.

Patients have a right to refuse any treatment, including bathing. The Home Health Aide/Personal Care Aide should provide education to the patient about the importance of bathing. Try to find out why the patient does not want a bath. Sometimes, the patient may not want a bath at that moment but would be willing to have one at a later time. Document the reason and patient refusal and inform the supervisor.

When providing or assisting with a bath, water temperature should be checked. The temperature should be no greater than 105 degrees Fahrenheit. Allow patients to test water temperature to determine if it is comfortable for them. It is very important when providing or assisting with a bath that the patient is provided with privacy. This includes closing doors, drawing curtains, and limiting access of the area to others while the patient is bathing. Towels or bath blankets can be used to cover the patient's body, exposing only the body part being washed during bed baths.

Providing a back rub after a bath, before bed, or anytime a patient needs to relax is an important skill for the Home Health Aide/Personal Care Aide. This is an excellent way to teach a patient how to relax, assess their skin, and promote good circulation. We will discuss the proper way to give a back rub.

Instructions for providing a tub or shower bath, assisting with a [transfer](#) into and out of a tub, providing a bed bath, shampoo in bed, back rub, and how to assist with changing a clean dressing are provided in this section. Home Health Aides may never perform [sterile dressing changes](#). They may only assist with **non-sterile** or [clean dressing changes](#). Personal Care Aides may not perform any type of dressing change.

Procedure: Tub or Shower Bath

1. Explain the procedure to the patient.
2. Wash and dry hands according to proper hand washing guidelines.
3. Assemble equipment needed (soap, shampoo/conditioner, wash cloths, towels).
4. Ensure that the bathroom is warm and comfortable. Take care it is not too cold or too hot.
5. Remove any fall risk hazards, such as loose rugs, from the floor.
6. Place any safety devices in the shower as needed (e.g. shower chair, rubber mats).
7. Ensure safety items such as handrails and grab bars are in good working order. Immediately inform a supervisor if they are not.
8. Turn on the water and test water temperature using a bath thermometer. Water temperature should be no higher than 105 degrees Fahrenheit. If providing a tub bath, fill the bath and test the temperature before putting the patient in the tub. Tub baths or very warm showers can lead to a person feeling faint, nauseous, or tired. Baths should not last longer than 20 minutes and should be discontinued at the first sign of patient discomfort, weakness, or complaints of feeling faint.

9. Allow the patient to test the water temperature for their comfort. Adjust as needed.
10. Wash and dry hands. Put on gloves.
11. Assist the patient to the bathroom. If the patient is ambulatory, assist the patient as needed to undress and then [transfer](#) them into the tub or shower. Undress the patient immediately before getting them into the shower or tub. This prevents them from chilling.
12. If the patient is independent, give them privacy to bathe, if they prefer. If leaving a patient unattended, check on them every 5 minutes or more frequently as needed. Ensure the patient knows how to use safety items such as shower chairs and grab bars.
13. If the patient is standing to shower, stay in the bathroom and monitor the patient's need for assistance. If they are weak, always stay with them in the bathroom, providing privacy as able.
14. Never let a weak person stand to bathe or leave them in the bath alone. You can stay in the bathroom and draw the shower curtain to provide privacy. Communicate with them frequently to let them know you are there to provide assistance.
15. Water should be turned off and the tub drained before assisting the patient to [transfer](#) out of the tub.

To Transfer the Patient into the Tub:

1. If the patient is in a wheelchair, face the patient and wheelchair toward tub, between the grab bars or safety rails. Lock the wheelchair brakes. Raise the wheelchair footrests. If using a [gait belt](#), ensure it is secure and that the patient has a shirt or towel on, with the gait belt positioned over their clothing. This is to prevent skin irritation and breakdown. Instruct the patient or assist with placing their legs, one at a time, over edge of tub. Ensure feet are planted firmly onto tub floor before assisting them with [transferring](#) into the tub.
2. Instruct the patient to grab onto the bars or the side of the tub and assist them into a sitting position on the edge of the tub. Use a gait belt to assist the patient into position and to provide a safe [transfer](#).
3. Bring patient to a sitting position at edge of tub. Lower the patient into the tub by holding around their waist or the gait belt. Instruct them to hold the edge of the tub or the grab bars for support and balance.
4. If using a [slide board](#) position the [slide board](#) onto the shower chair and under the patient's [buttocks](#). Assist the patient to move across the [slide board](#) in small movements by lifting their bottom up and down, and moving slowly across the board until they are on the shower chair. *Never drag a patient across a [slide board](#).*
5. Move the wheelchair away from the tub during bathing.
6. Place all supplies to be used during the shower/tub bath within your reach and the reach of the patient. This is to avoid unnecessary stretching to retrieve items. If assisting the patient during the bath, avoid bending over with your back. Position yourself to a safe working level at patient height. You may kneel on the floor using a cushioned mat to protect your knees.
7. Assist the patient to shampoo and condition hair, as necessary.
8. Assist the patient, as necessary, with washing their body. Start with the patient's eyes and then face, using a clean washcloth. Do not apply soap to the patient's eyes.
9. Assist the patient to clean their genital and anal areas. Use clean washcloths for these areas. Do not use these washcloths for other areas of the body.

10. Wash the patient's body from clean to dirty areas. This helps to avoid contaminating clean areas. Make sure all soap is rinsed off completely.
11. If the patient is ambulatory, assist them with the [transfer](#) out of the shower/tub. Cover the patient with a towel or robe during transfer to prevent them from chilling.
12. To assist the patient out of the tub if using a wheelchair, assist them to the edge of the tub. Bring the patients' legs one at a time over the outer edge of tub. Assist them back into the wheelchair. Always ensure wheelchair locks are on during [transfer](#).
13. Help or complete the drying of the patient. Take care to carefully dry areas where there are skin folds, underneath breasts, and in the genital and anal areas. Assist them with dressing.
14. Drain and clean tub/shower area. Discard used linens.
15. Remove gloves. Wash and dry hands.
16. Document completion of the task and record any changes in condition or behavior.

Procedure: Bed Bath

Assisting a patient with regular bathing is important for patient health and for promoting [self-esteem](#) and healing. Patients who are recovering from an injury or illness, have a chronic condition, are permanently disabled, dying, or who are frail may require assistance with performing this essential task. This is an important part of the job of a Home Health Aide/Personal Care Aide.

Providing for personal care gives Home Health Aides/Personal Care Aides an opportunity to assess a patient's skin and to communicate with patients about their thoughts and feelings. Home Health Aides/Personal Care Aides should always encourage the patient to perform any personal hygiene task they are able and provide assistance as needed. Some patients will require complete (or total) care. Providing a bed bath allows a patient to receive personal hygiene care with minimal movement on their part. Explain the procedure to the patient.

1. Wash and dry your hands. Put on gloves.
2. Gather equipment needed (e.g. soap, washcloths, 2 bath towels, 2 hand towels, bath blanket or clean sheet, shampoo/conditioner, basin for water, bath thermometer, lotion, patient clothing).
3. Raise the bed to a safe working height. Lock the bed brakes. Lower the railing only on the side you are working. Take care to remember to raise the railing before moving to the opposite side of the bed.
4. Provide for privacy. If in an area where others may come in, close doors and/or curtain off area as appropriate.
5. Protect bedding with towels and/or disposable pads. Place a towel under each area where you are working.
6. Remove glasses and jewelry from the patient.
7. Offer a [bedpan](#) or [urinal](#) to the patient before bathing.
8. Place a clean blanket, bath towel, or sheet over the patient to provide for privacy as you fold down bedding and remove the patient's clothing underneath the clean blanket. Only remove blankets and clothing on areas where you are working that need to be exposed. This provides for some privacy and warmth.

9. Fill a basin with water. Test the temperature of the water. Take care to not exceed 105 degrees Fahrenheit. Have the patient test the water to see if it is comfortable for them. You may need to change the water during the bed bath to ensure it stays warm as well as when it is dirty. Always re-check the water temperature each time you change it or add water to it.
10. Always encourage the patient to assist as much as possible. This promotes independence and [self-esteem](#).
11. *To form a mitt with the washcloth:* To form a mitt with a washcloth open the washcloth on a flat surface. Place your palm facing up with four fingers on the washcloth, leaving your thumb out on the lower end of the washcloth. Fold washcloth into thirds lengthwise, around your palm. Your four fingers will be enclosed in the washcloth, with your thumb out. Straighten wrinkles. Fold the washcloth down. Tuck in the ends of the washcloth.
12. Wash and dry the patient from head to toe. Work on one part of the body at a time. Always move from cleanest area to least clean. Complete the front of the patient first before rolling them to their side to wash their backside.
13. *Eyes, face, ears, neck:* Wash the patient's face with a wet washcloth without soap (unless patient requests). If the patient requests soap, take care that it does not get into the patient's eyes. Start with the eyes and wash from the inner area of the eye (the corner closest to the nose) to the outer area (near the temple) with a corner of the washcloth. Using a different corner, clean the other eye. Ask if the patient would like soap to wash their face. Wash their face from the middle outward using gentle strokes. Wash behind the patient's ears and their neck, from the chin downward. Rinse with a clean washcloth. Pat dry.
14. *Arms and Axillae:* Start with the arm furthest from you. Remove one arm from the blanket or towel. Support the patient's wrist while washing the lower arm and hands. Support the person's arm by holding their elbow when washing upper arms. They can rest their lower arm on your forearm. Using gentle but firm strokes wash from the lower arm to the elbow area. Then wash from the elbow area to the upper arm and shoulder. Wash the [axilla](#). Washing from the lower arm upwards helps to promote circulation of blood back to the patient's heart. Rinse well and pat dry. Repeat for the other arm.
15. *Hands:* Soak hands in a basin, cleaning one hand at a time. Clean nails with a nail brush or as directed in the Care Plan. Dry thoroughly. Ensure between the patient's fingers are well dried. Provide nail care as assigned.
16. *Chest and Abdomen:* Place a bath towel over the patient's chest and lower the bed blankets down to the waist, taking care to keep the pubic area covered. This provides for warmth and privacy. Lift the bath towel slightly to wash the patient's chest, keeping the patient partially covered. Wash the chest using long, firm strokes from the center out. For female patients, cleanse under each breast and dry well. Wash the abdomen using long, firm strokes from the center out. Take care to wash and dry well under abdominal folds. These moist areas can harbor bacteria and fungi. Apply powder to these areas as directed by the supervisor the Care Plan. Pull the blanket back up to the patient's chin and remove the towel. Change the water.
17. *Legs:* Expose only one leg at a time. Place a towel under the leg lengthwise so the linens under the leg remain dry. Wash from ankle to knee with long, firm strokes upward. Then wash from the knee to the upper thigh. Rinse and pat dry. Remove towel and place underneath patient's foot.
18. *Feet:* Place one foot at a time into the basin. Ensure the water in the basin is warm. Wash the foot and between toes with a washcloth. Rinse well and dry thoroughly paying special

attention that the area between the toes is well dried. Moistness between the toes promotes bacterial and fungal growth. Provide nail care as assigned in the Care Plan. Change the water.

19. *Perineal area:* Place a towel underneath the patient's **buttocks** and upper thighs. Ask the patient if they are able to wash their own **perineal area**. If so, provide them with clean, warm, soapy water and a washcloth. Leave the room if the patient requests. If cleaning the patient's perineum area, use a clean washcloth and warm, soapy water. Only expose the perineal area, leaving the rest of the patient's body covered. Replace soiled washcloths with clean ones as needed.
 1. *For female patients:* Wash the perineum area from front to back with single strokes. Use a clean area of the washcloth for each stroke. Wipe one side, then the other of the **labia** majora. Spread the **labia** apart and, using a clean part of the washcloth, wipe from front to back on each side, using a clean part of the washcloth for each stroke. Wipe from top to bottom down the middle to the opening of the **vagina**. Clean the area between the **vagina** and **anus** last, washing from front to back. *Never move from back to front.* This puts the patient at risk for a urinary tract infection due to exposure to bacteria from the anal area into the cleaner vaginal area. Rinse thoroughly. Dry well with a blotting motion.
 2. *For male patients:* In **uncircumcised** males, gently pull back the **foreskin** toward the base of the **penis**. Hold the penis by the **shaft** and using a circular motion, wash from tip to base. Use a clean area of the washcloth for each stroke. Rinse the penis and pat dry. Be sure to replace the **foreskin** in **uncircumcised** males by gently pushing it back into its normal position. If you forget to replace the foreskin, you risk causing injury to the patient as the skin will cut off circulation to the penis, causing pain and swelling. Wash the **scrotum**, taking care to be gentle. Lift the scrotum up with one hand while gently washing the area underneath as well as the entire surface of the **scrotum**. Rinse and dry very well, using patting motions. Do not use the same water that has been used to clean the anal and genital areas on other parts of the body.
20. *Back:* Assist or position patient onto their side or stomach so that their back is facing you and they are in the center of the bed. Ensure side rails are up on the side they are facing toward. Place a towel so that it is slightly tucked under the patient's back to prevent bed linens from getting wet. Fold the blanket back only enough to expose the back. Wash the back of the patient's neck and back with long, firm strokes. Rinse and pat dry.
21. *Buttocks:* While the patient is on their side, wash their **buttocks**. Buttocks should be washed last, after you have washed the patient's back. Never move from buttocks to back. Always work from clean to dirty areas. Replace soiled washcloths with clean ones as needed. Discard washcloths used to clean buttocks before moving on to new areas. Change the water.
22. Remember to change the water in the basin, as needed, when it becomes too cool or dirty.
23. Ensure that all body parts are thoroughly dried.
24. Apply lotion as needed, as requested, and as ordered.
25. *Applying **Incontinence** Products:* Some patients who are **incontinent** may wear disposable briefs to help keep them dry. If the patient is able, they may bend their knees and lift their hips. Place the brief under the patient's **buttocks**. If unable, roll the patient to their side. Fanfold one side of the brief and tuck it under the patient. Check for correct placement of the brief. It should cover their buttocks and groin area. The top part of the brief will be about 1-3 inches above their buttocks. Roll the patient to the other side. Let them know they will feel a "bump" from the brief as they roll over it. Ensure the bed rails are up. Move to the other side of the bed. Pull the other half of the brief from under the patient. Assist the patient back to the supine position (patient is

- lying on their back with their face up). Pull the brief up between their legs. Peel tape from tabs and fold each side inward toward the front. Secure tape to the front of the brief.
26. Give a back rub if time permits and the patient requests.
 27. Assist the patient with dressing.
 28. Lower the bed to its lowest height. Ensure side rails are up for patient safety.
 29. Clean area and put away equipment and supplies.
 30. Remove your gloves. Wash and dry your hands.
 31. Document completion of task and record any changes in condition or behavior. Document and report any skin issues, such as red or white areas, skin breakdown, open areas, rashes, or new [bruises](#).

Procedure: Shampoo in Bed

Washing a patient's hair helps to promote good hygiene, comfort, relaxation, and [self-esteem](#). It also provides a chance for Home Health Aides/Personal Care Aides to assess the condition of their patient's hair, skin, and scalp. When washing a patient's hair in bed, Home Health Aides/Personal Care Aides should ensure that the bed linens and patient clothing are protected by using towels or waterproof pads under their shoulders. Always assess allergies to products being used, and style hair according to patient preference. Take care to not pull on hair, which could damage the patient's scalp. Older patients may have thinner, more fragile hair, and extra care should be taken.

1. Explain the procedure to the patient.
2. Wash and dry your hands. Don gloves.
3. Assemble equipment (shampoo, conditioner, bath towel, hand towel, pitcher, shampooing basin, or disposable shampoo cap).
4. Ask the patient for preferences of products and ensure the patient is not allergic to products.
5. Position the patient in a supine position. Place a waterproof pad or towel under the patient's head and shoulders. Place a towel over shoulders and chest area to keep this area dry and warm. Ensure the rest of the patient's body is kept warm and covered with a blanket.
6. Protect the patient's eyes and face from getting wet. Wet hair by pouring clean, warm water using a pitcher over the patient's hair, starting from hairline at the scalp and working towards the neck.
7. Apply shampoo to your hands and rub them together. Work shampoo into a lather, working from the front of the patient's head to the ends of their hair.
8. Use your fingertips to massage shampoo against the patient's scalp, using a circular motion. Take care not to use your fingernails or scrape the patient's skin or scalp with your nails. Ensure soap and water does not get into patient's eyes or ears.
9. Rinse hair thoroughly until water runs clear and no suds are visible. Rinse from the scalp line at the patient's forehead to the ends of their hair, protecting the patient's eyes and ears.
10. If using conditioner, repeat steps 7 through 9.
11. If using a shampoo cap, follow steps 1 through 5. Apply the shampoo cap to the patient's hair, tucking in any loose hair ends so that all hair is within the cap.

12. Massage scalp so the dry shampoo is evenly distributed throughout hair. Allow 1-5 minutes for shampoo to fully [saturate](#) hair. Remove cap and discard used cap. Dry and style patient's hair as you normally would.
13. Wipe water from patient's face, head, and neck using a dry towel and a blotting motion.
14. Dry and comb hair, according to patient preferences. If using a blow dryer, ensure that the hot air and the tip of the blow dryer is not placed onto or too close to the patient's skin or you could cause a burn.
15. When working on untangling hair, hold a section of hair above the tangle. This avoids painful pulling on the scalp. Gently comb through the tangle. Conditioner or a detangler could be applied to assist with removing tangles.
16. When brushing hair, brush hair in sections, brushing from root to ends of hair. Be gentle with your strokes, taking care not to harshly scrape the patient's scalp or to yank on hair, which could cause injury to the patient's scalp.
17. Once finished with hair care, lower bed to its lowest height. Ensure side rails are up for safety.
18. Clean the area and store equipment.
19. Remove your gloves. Wash and dry your hands.
20. Document completion of task and record any changes in condition or behavior. Record any changes in condition of the patient's skin, scalp, or hair.

Procedure: Back Rub

Back rubs can be given after baths, before bed time, after repositioning, and to help the patient relax. Back rubs help to relax [muscles](#), stimulate circulation, and promote sleep. Back rubs last about 5 minutes. Always ensure that it is okay to provide a back rub. Home Health Aides/Personal Care Aides must check with their supervisor and in the Care Plan. Observe skin condition during back rubs for [bruises](#), red, white, or open areas, and other signs of skin breakdown. Always report and record these observations and any changes in skin condition. It is helpful to use lotion during back rubs to reduce [friction](#) and moisturize skin. Lotion on skin also helps to prevent skin breakdown.

1. Explain the procedure to patient.
2. Wash and dry your hands. Apply gloves as appropriate.
3. Assemble equipment (e.g. lotion) per patient preferences.
4. Warm lotion in basin of warm water or by running bottle under warm water for a few minutes. Do not use very hot water. To apply lotion to the patient's skin, rub some between your hands rather than pouring it directly onto their skin. This serves to lubricate your hands during the back rub and to help warm the lotion so the patient does not feel too cold.
5. Position the bed to safe working level at waist height. Lower the head of the bed. Lock the brakes. Lower the bed rail nearest you.
6. Provide for privacy. Remove patient clothing from only the area you are working on to minimize exposure. Keep blankets on the patient, exposing only their back to provide warmth.
7. When working on the patient's back position the patient on their side or stomach, according to their preferences and comfort level.
8. Keep the patient covered, exposing their back only to the top of their [buttocks](#).

9. Place a small amount of lotion in your hand and rub your palms together to warm lotion and lubricate hands. Caution the patient that the lotion may still feel cool.
10. Rub the patient's back with the appropriate pressure, according to their preferences. Rub back in a rhythmic motion in the correct direction.
11. Start at the top of the buttocks, near the lower back, and move in long, smooth upward strokes with both hands, using the palms of your hands to create gentle pressure. Move your hands upward along the spine, and across the patient's shoulders and then down their upper arms.
12. Move your hands up over upper arms, back across the shoulders, and then down along the back toward the buttocks.
13. Keep your hands in contact with the patient's skin during movement to prevent [friction](#) against the patient's skin.
14. Repeat for 3-5 minutes, or according to patient preferences. Stop the back rub if at any time the patient reports discomfort or no longer wishes you to continue.
15. If the patient wishes, you can gently knead the patient's skin or apply a gentle tapping motion upward along the patient's back to their shoulders and arms, and then back down again. To knead skin, gently grasp skin between your fingers and thumb. Move from [buttocks](#) upward, along the length of their back, across their shoulders, and then down over upper arms. Work your way back down to the buttocks using the same motion. Depending on patient preference, you can speed up or slow down your movements and pressure.
16. Be careful to only lightly massage over bony areas so as not to cause pain to the patient. Do not massage areas that are red or that have broken or irritated skin. Do not apply lotion to areas with a rash. Do not remove dressings to apply lotion. Do not massage these areas.
17. When you are almost done with the back rub, let the patient know so they are prepared for the ending of their back rub.
18. Wipe away any excess lotion. Assist the patient with dressing and position the patient for comfort.
19. Lower the bed to its lowest setting. Ensure the side rails are up.
20. Put away equipment and supplies. Dispose of any dirty linens.
21. Remove your gloves. Wash and dry your hands.
22. Document completion of the task and record any changes in condition or behavior. Report any skin conditions, red, white, or open areas, or pressure sores.

Procedure: Assisting with Changing a Clean (Non-Sterile) Dressing

Home Health Aides are able to provide assistance with or perform changing of clean dressings. They may not change [sterile dressings](#). Sterile dressings are used over new, open, or draining wounds in which sterile technique must be maintained. This is to prevent introducing bacteria and other pathogens into the wound and causing infection. Clean (non-sterile) dressings are those applied to dry, closed wounds that have less risk of getting an infection. Personal Care Aides may not provide assistance with changing any dressings, whether they are clean or sterile.

1. Explain the procedure to the patient.

2. Wash your hands.
3. Assemble all necessary equipment.
4. Provide for privacy and adequate lighting.
5. Raise the bed to waist height. Lower the side rail nearest you where you will be working.
6. Place a garbage can near the area where you will be working.
7. Remove any clothing necessary that is over the old dressing.
8. Wash your hands and don gloves.
9. Clean a table to use in which to place your dressings and supplies by using a disinfectant.
10. Remove wrappings from new dressing. Take care not to contaminate gloves by touching any surfaces. Lay new, clean dressings on a clean surface.
11. Cut tape with clean scissors. Hang tape within reach on the edge of a clean table.
12. Remove and discard old dressing. Peel off tape by pulling toward the center of the dressing.
13. Carefully lift dressing off the wound. To prevent skin tearing or injury to the patient, hold the skin underneath the tape taut while pulling the tape off.
14. Prevent the soiled dressing from touching the wound or other body parts of the patient or nearby surfaces or objects.
15. Observe the wound for odor, drainage, color, and healing/not healing characteristics. Report these to a supervisor. Document findings.
16. Remove and discard gloves. Wash your hands.
17. Put on new gloves.
18. Cleanse skin around wound, according to directions in the Care Plan and as directed by a supervisor.
19. Apply a new dressing to the wound.
20. Tape the new dressing in place. Ensure the new dressing is firmly secured.
21. Discard all waste items.
22. Remove and dispose of gloves. Wash your hands.
23. Store unused supplies and clean working area.
24. Document the procedure and any observations or changes in condition. Record and report any changes or observations of the wound.

Unit C: Teeth & Mouth Care

Performing or assisting with [mouth](#) hygiene is an important task of the Home Health Aide/Personal Care Aide. Mouth hygiene should be performed at least twice per day, with morning and evening care. Mouth hygiene may also be performed after eating meals and any time the patient requests. Regular, daily flossing helps to remove plaque and food debris which promotes bacteria, from the patient's mouth. Unclean mouths harbor bacteria, which can cause additional health problems for the patient. Having a clean mouth promotes a sense of comfort and [self-esteem](#) for a patient.

Providing oral care also gives Home Health Aides/Personal Care Aides a chance to assess the health of their patient's teeth, gums, and tongue. Home Health Aides/Personal Care Aides should encourage their patient to perform as much [mouth](#) care independently as possible. For patients who are unable to grasp the handle of a toothbrush, special toothbrushes may be available for

them. A split rubber ball or tape can be used to build up the handle of the toothbrush to make it easier for the patient to hold. An electric toothbrush may also be used.

Avoid using hydrogen peroxide or alcohol based products because they promote mouth irritation and mucosal membrane breakdown. For a patient in which using a toothbrush is unsafe, such as those who are unable to spit or who is [unconscious](#) special mouth swabs are available for use. Mouth care should be provided every two hours for patients who are [unconscious](#) or unable to drink. This helps to prevent dryness and breakdown of mouth surfaces. When finished providing mouth care, apply lip moisturizer or petroleum jelly to lips to prevent skin breakdown, chapping, and drying of the lips.

Procedures: Mouth Hygiene

Procedure: Patients Who Can Brush Their Own Teeth or Need Some Assistance

1. Explain the procedure to patient. Provide for privacy.
2. Wash and dry hands. Always wear gloves when providing [mouth](#) care.
3. Assemble equipment ([emesis basin](#), water, cup, toothbrush, toothpaste, mouthwash, and a towel).
4. Ensure the patient is in an upright position for safety. A high sitting position prevents [choking](#) or [aspiration](#).
5. If the patient is able to brush their own teeth, provide equipment and assist as needed.
6. Wet toothbrush, apply a small amount of toothpaste to the bristles on the brush.
7. Hold the toothbrush at a 45 degree angle to the gum line. Brush one tooth at a time in an up and down motion. Start from the top of the gum line and work down the tooth. Start at the upper teeth and then complete the lower teeth.
8. To clean biting surfaces of teeth and the tongue, use a back and forth motion.
9. Be sure to brush all surfaces of the teeth, gums, tongue, and mouth.
10. Ensure the patient adequately rinses their mouth with clean water and dries their lips/face.
11. Offer mouthwash and lip moisturizer as needed and according to patient preferences.

Procedure: Patients Who Are Unable to Perform Mouth Hygiene Independently, Such as an Unconscious Patient

1. Complete hand hygiene and assemble needed equipment.
2. Put the patient in a [side-lying position](#) for safety. Turn their head to the side.
3. Place a towel or waterproof pad under their cheek and chin to prevent the patient or bed linens from getting wet.
4. Place an [emesis basin](#) against the side of their mouth and cheek.

5. Place a padded tongue blade on the side of their mouth to keep their mouth open. To make a padded tongue blade, place two wooden tongue blades together. Wrap gauze over the top half and tape it into place. Pull the patient's mouth apart by placing gentle pressure on their chin and upper mouth.
6. Never put your fingers inside their mouth because the patient may bite down, even if they do not mean to.
7. Brush teeth gently, using a dry toothbrush or with a mouth swab. Dip the swab in solution and squeeze excess solution from the swab. Swab all surfaces of their teeth, gums, inside their cheeks, the roof of their mouth, and tongue. Use clean swabs as necessary.
8. Rinse entire mouth with a clean swab. Ensure there are no pooled secretions. Suction excess secretions as directed in the Care Plan.
9. Ensure the patient's mouth, face, and neck are dry.
10. Apply moisturizer to lips.
11. Return the patient to a comfortable position. Lower the bed to its lowest height and raise side rails.
12. Put away equipment and supplies.
13. Remove your gloves. Wash and dry your hands.
14. Document completion of task and record any changes in condition or behavior. Report any tooth or mouth conditions observed, such as sores, open areas, or bleeding from gums, tongue, or teeth. Report any new broken or missing teeth.

Procedure: Denture Care

1. Complete hand hygiene and assemble needed equipment.
2. Assist the patient to remove dentures if needed by placing a tissue, gauze pad, or washcloth underneath the patient's denture line and gently pulling forward to break the suction. You may need to gently rock the dentures from side to side or forward to break the suction.
3. Carefully place dentures in a water filled cup or container.
4. Carry the dentures to the sink using a denture cup to prevent accidental breakage.
5. Place a towel in the sink to prevent accidentally breaking dentures on the hard surface of the sink while you are washing them. Hold them firmly.
6. Clean dentures as you would teeth. Use denture cleaning products. Use warm, but not hot water. Hot water can cause dentures to warp and no longer fit the patient correctly. Rinse dentures completely.
7. Provide or assist with mouth care prior to replacing dentures. Assist the patient to brush their gums and tongue with toothpaste and a toothbrush. Ensure they rinse their mouth completely. Offer mouthwash.
8. If returning dentures to the patient's mouth, apply denture cream or adhesive, as needed.
9. Assist the patient to place dentures back in mouth. To reinsert dentures, insert at an angle, pressing firmly onto the gum line.
10. If storing dentures, store them in clean, cool water in a container with a closed top to prevent accidental breaking or misplacement. If in a facility, ensure the patient's name is on the denture cup to prevent loss.
11. Remove your gloves. Wash and dry your hands.

12. Document completion of task and record any changes in condition or behavior. Report any tooth or mouth conditions observed. Report if dentures are broken or missing.

Procedure: Flossing

1. If assisting with flossing, break off about 18 inches of floss. Wind ends of floss around your pointer or middle finger. Wrap the other end of the floss around the same finger on the opposite hand.
2. Hold the floss tightly between your thumb and forefingers. Starting at the top and back of the mouth, guide the floss between two teeth. Use a gentle rubbing motion to guide the floss between the teeth. Do not quickly snap the floss between the teeth or you can cause pain or injury.
3. Once you reach the gum line, curve the floss into a C shape against one tooth. For upper teeth, move the floss away from the gum line with a gentle downward motion against the tooth. For lower teeth, use an upward motion against the tooth, away from the gum line.
4. Repeat for each tooth, using a clean section of floss for every 1-2 teeth.
5. Allow the patient to rinse and dry their mouth. Dispose of floss. Do not reuse floss.

Unit D: Dressing & Grooming

Providing assistance with dressing and grooming is an important task of the Home Health Aide/Personal Care Aide. Maintaining a person's appearance is important especially during times of illness. It helps people to feel more like themselves and helps the patient appear familiar to family, which is important during times of stress and illness. Providing hand and foot care helps to maintain good physical health. By performing hand and foot care, the Home Health Aide/Personal Care Aide has an opportunity to assess the patient's skin and nail health. Patients, especially those with conditions such as [diabetes](#) in which there is poor circulation to the feet, should have their feet inspected daily. Any red, open, bleeding, or problematic conditions should be reported to the supervisor. This section provides instruction about how to assist with patient dressing, apply [compression stockings](#), provide hand and foot care, and shave a patient. Complete these tasks as directed by the Care Plan. Keep in mind patient preferences and respect the patient's wishes.

Procedure: Assisting with Dressing

1. Some patients may be able to independently dress. For these patients, provide assistance only as needed. Home Health Aides/Personal Care Aides should encourage their patients to do as much as possible on their own. Other patients may need extensive assistance with dressing. In order to promote [self-esteem](#) and empower in patients, allow them to select the clothing they prefer.
2. Explain the procedure to the patient.
3. Wash and dry your hands. Don gloves as needed.

4. Allow the patient to select clothing they wish to wear.
5. Assemble clothing in the order it is to be put on. Clothing for the upper body should be put on before pants/skirts, which should be put on before socks and shoes.
6. Ensure the patient's clothing is clean and in good condition. Clothing should be appropriate to the weather.
7. It may be helpful for the patient to wear clothing that is easier for them to put on independently. For example, pants without buttons or zippers can easily be pulled on; shirts with few buttons are easier to close; sneakers with Velcro versus laces and slip on shoes all may be helpful for patients who have difficulty with their fine motor coordination or finger dexterity.
8. Encourage the patient to do as much self-dressing as possible. Assist if they become fatigued, frustrated or are unable to perform the task.

For Patients Who Are Weak, Frail, or Paralyzed

1. Move the patient to the center of the bed. Use proper body mechanics. Raise the bed to waist level.
2. Remove clothing one piece at a time and replace with clean clothing before moving on to the next clothing item. For example, remove and replace the upper body clothing prior to moving on to uncovering the lower body. This provides privacy and warmth for the patient.
3. Position and cover the patient for comfort. Return bed to a safe height. Ensure side rails are up.
4. Remove your gloves. Wash and dry your hands.
5. Document completion of the task and record any changes in condition or behavior.

Procedure: Assisting with the Use of Elastic Support Stockings

Some patients may be prescribed by their doctor special [elastic support stockings](#) or [compression stockings](#) to wear on their legs. These stockings are used for patients with poor circulation who are at risk for getting a blood clot. They are also used to help prevent or reduce swelling. Stockings should be placed on the patient's legs prior to them getting out of bed in the morning. Follow manufacturer instructions in applying stockings. Follow instructions written in the Care Plan for guidelines for when to apply, how long the patient should wear stockings each day, and when to remove stockings.

1. Explain the procedure to the patient. Ensure they understand the importance of wearing the [elastic support stockings](#). Seek guidance from a supervisor as needed and report refusal to wear stockings.
2. Wash and dry your hands.
3. Assemble equipment (e.g. support stockings, lotion, shoes).
4. If the patient has been moving around out of bed, have them lie down with their legs elevated for 15 minutes before applying the stockings.

5. Make sure legs are clean and dry. Observe skin for condition and changes such as sores, swelling, and changes in color. Make note of any observed changes and any patient complaints such as numbness, pain, or tingling in the lower extremities.
6. You may use powder or lotion on the patient's legs prior to applying the stockings. This provides for comfort, ease of application of stockings, and protection for the patient's skin.
7. Raise the bed to waist height. Position patient in the **supine** (lying on back) position.
8. Apply stockings according to the Care Plan and as a supervisor directs.
9. Place your hand and arm inside one stocking and turn it inside out up to the heel of the stocking. Grasp the heel of the stocking with your fingers of the hand holding the stocking.
10. Move the stocking down over your arm so that the length of the stocking is now bunched near your hand.
11. Carefully take the patient's foot and position the opening of the stocking that is near your hand over the patient's toes.
12. Place the foot of the stocking over patient's toes, then over the foot, then over the heel. Pull the stocking up slowly as you move it upwards over the patient's leg.
13. Gently pull the top of the stocking up over the entire calf.
14. Make sure the heel of the foot is in the heel of the stocking.
15. If there are no toe openings, gently pull on the tip of the stocking by the toes to relieve pressure. For stockings with toe openings, the patient's toes should be positioned appropriately in the toe area.
16. Repeat with the other leg.
17. Always ensure there are no wrinkles in the stockings.
18. Discard gloves if wearing and wash your hands.
19. If the stockings do not appear to fit well and appear to be digging into the top of the patient's leg, inform a supervisor right away. The patient may need to be refitted for the appropriate sized stocking.
20. Stockings should be removed and skin should be cleaned, dried, and inspected at least once per day.
21. Observe for changes in skin color, temperature, swelling, sores on legs, and patient complaints.
22. Document and report any changes in condition or behavior.

Nail Care

Providing nail care for a patient allows Home Health Aides/Personal Care Aides an opportunity to assess the health of their patient's skin, nails, and the strength of their hands and feet. It also provides a sense of comfort and promotes [self-esteem](#) for the patient. While many patients may enjoy having their hands and feet cared for, take special care with patients who do not find this a pleasurable experience. Some patients have very sensitive feet and may be ticklish. Home Health Aides/Personal Care Aides should always tell a patient when they are going to touch their feet and inform them of what they are doing so that they expect the touch.

Make sure to follow directions from a supervisor and those written in the Care Plan for nail care performed. Never use a nail clipper to clip finger or toe nails. Use an emery board to smooth nail edges. Home Health Aides/Personal Care Aides should inform their supervisor if advanced nail care needs to be performed. Never perform toenail care on a patient who has [diabetes](#). These

patients require special care from a **podiatrist**. It is acceptable to cleanse and inspect these patient's feet, but never clip their toenails.

Procedure: Hand Care

1. Explain the procedure to the patient.
2. Wash and dry your hands. Put on gloves as necessary.
3. Gather equipment and supplies as needed.
4. Use proper working height by raising the bed to waist level if the patient is bed bound. If the patient is sitting in a chair or wheelchair, Home Health Aides/Personal Care Aides may sit next to them to avoid bending their back. Keep the back straight, feet planted on the floor and face the direction you are working.
5. Soak patient's hands in warm (not hot) water. Temperature should be no greater than 105 degrees Fahrenheit. Soak hands for at least five minutes, or according to patient preferences. Clean under nails with a soft nail brush or nail stick, or do as directed in the Care Plan.
6. Remove the patient's hands from the water and wash with a soapy wash cloth. Rinse and dry well. Be sure to rinse and dry between fingers.
7. Remove basin from the patient area.
8. File nails as necessary and as requested with an emery board or nail file to keep edges smooth and free of rough edges or hangnails.
9. Massage hands with lotion.
10. Apply nail polish as the patient requests.
11. Discard the water and rinse the basin. Put away equipment and supplies.
12. Lower the bed to its lowest level and ensure side rails are up.
13. Remove your gloves. Wash and dry your hands.
14. Document completion of task and record any changes in condition or behavior. Report any skin conditions observed.

Procedure: Foot Care

1. Fill a basin with warm water. Do not exceed 105 degrees Fahrenheit. Have the patient test the water for comfort.
2. If providing foot care in bed, soak and work with one foot at a time. Place the basin of water over a waterproof pad or towel at the foot of the patient's bed. If the patient is sitting, place the basin on the floor with a towel or waterproof pad underneath. Ensure the patient's feet and ankles are supported. Feet should be flat against the bottom of the basin.
3. Soak the patient's feet in warm (not hot) water for at least 10 minutes. Add warm water to the basin as needed. Clean under their toenails with a soft nail brush.
4. Working with one foot at a time, remove a foot from the basin and wash with a soapy wash cloth. Take care to clean between toes. Rinse their foot well. Make sure no soap is left between the toes.
5. Dry the patient's foot. Take special care to dry well in between toes.
6. Repeat for the other foot.

7. File toenails as needed. *Do not cut patient's toe nails.* Discuss any needed advanced toe nail or foot care with a supervisor.
8. If applying lotion on feet, take care to not apply lotion between the toes. Place socks and/or other footwear on patient once done.
9. Apply nail polish as the patient requests.
10. Discard the water and rinse the basin. Put away equipment and supplies.
11. Lower bed to its lowest level and ensure side rails are up.
12. Remove your gloves. Wash and dry your hands.
13. Document completion of task and record any changes in condition or behavior. Report any skin conditions observed. Report and document any discoloration of the feet, blood, drainage, ingrown toenails, thickened toenails, reddened heels, or foot/ankle swelling.

Procedure: Shaving the Patient

Shaving facial hair may help a patient feel good about themselves and helps them to maintain their appearance in the way it was prior to becoming unable to provide their own care. It also helps the patient to appear familiar to their family and friends, which can be comforting during periods of illness. Before shaving a patient, Home Health Aides/Personal Care Aides should obtain their consent. Inquire about their preferences as to products used such as shaving cream and aftershave, and the style they prefer to wear their facial hair.

Always wear gloves during shaving due to the risk of bleeding. Use the type of razor a patient prefers. Always check with a supervisor and the Care Plan to ensure that the patient can be shaved with a razor that has a blade. Some patients are on medication or have conditions that put them at a higher risk of bleeding. Their doctor may only want them to use an electric razor. Shaving cream should always be used with razor blades. Shaving cream is not to be used when using an electric razor. Never use someone else's razor on a patient. Blood borne diseases can be spread this way due to the possibility of blood on the patient's razor.

1. Explain the procedure to patient.
2. Wash and dry your hands. Always wear gloves when shaving.
3. Assemble equipment (e.g. razor/electric razor, shaving cream, wash cloths, towels, basin with water, lotion, aftershave).
4. Provide for privacy and comfort. If the patient is in a bed, adjust the bed to safe working height. Lock the brakes. If the patient is sitting in a wheelchair, ensure the brakes are on. Use proper body mechanics while shaving the patient. Never lean or bend over the patient.
5. Place a towel under patient's chin, covering his shoulders and front of his chest.
6. If the patient is able to shave independently, place all equipment and supplies within reach and provide assistance as needed. Ensure razor blades are sharp, as a dull blade can irritate the skin and increase the risk of [cuts](#) and bleeding.
7. Wash the patient's face with warm water, leaving the area to be shaved wet. You can leave a warm towel on the patient's face and neck for several minutes to help soften their hair. This helps to avoid cuts and makes for a smoother shave. If using an electric shaver, dry the patient's face after washing it.

8. Rub shaving cream into patient's beard and mustache if using a razor. The shaving cream helps to soften the skin and hair and provides a smoother shave.
9. Pull skin taut in the area to be shaved. Shave one area at a time.
10. Shave using gentle, short strokes in the same direction. Shave in the direction of hair growth.
11. Shave beards in downward strokes, and use upward strokes on the neck.
12. Rinse the razor often. Apply shaving cream as needed. Ensure the water temperature does not get too cool while shaving.
13. If using an electric razor, pull skin taut. If using a foil shaver (a single head shaver which is usually rectangular shaped), shave with smooth and even movements in an up and down direction along the line of hair growth. If using a three head shaver (a shaver with three round heads set inside a triangle), shave in a circular motion. Make sure to shave the patient's chin and neck.
14. Once shaving is complete, rinse and pat dry the patient's face. Offer a mirror so they may inspect the shave. Touch up any areas the patient requests.
15. If the patient has [cuts](#) from shaving, blot the area with a gauze pad until it stops bleeding.
16. Apply moisturizer and/or aftershave, per patient request and preferences. Avoid applying lotion or aftershave to irritated or cut skin.
17. Ensure the bed is at its lowest height and side rails are up to ensure safety.
18. Remove your gloves. Wash and dry your hands.
19. Document completion of task and record any changes in condition or behavior. Report any skin conditions observed, such as red, irritated skin, broken skin, or pimples, boils, or [cuts](#). Inform a supervisor of any cuts the patient received during shaving.

To assist with shaving underarms and legs, follow the same procedures and guidelines as above. Shave leg hair from ankle to knee, using short, smooth strokes upward. Some women also like to shave their knee to thigh area. Ask the patient what their preference is. Apply shaving cream to legs or underarms prior to shaving. Ensure the razor used is sharp, not dull. Shave underarm hair in short, smooth strokes. Underarm hair can grow in all directions. Always shave in the direction of hair growth.

Unit E: Assisting with Elimination

Every patient has elimination needs. There are a number of ways the Home Health Aide/Personal Care Aide can assist a patient by providing for elimination needs. Patients who are unable to get out of bed due to mobility issues or injury may benefit from using a [bedpan](#). Male patients may benefit from using a [urinal](#) at the bedside to prevent having to walk to the bathroom. Some male patients have [condom catheters](#), which are external urinary drainage systems where a condom is applied to the penis and attached to a urinary drainage bag. Other patients may have [indwelling catheters](#) in which the catheter is inserted into their [bladder](#). The catheter is attached to an external urinary drainage bag.

The Home Health Aide/Personal Care Aide has an important role in providing assistance with elimination and cleansing the genital area after elimination. This section will explore how to offer a patient a bedpan or [urinal](#), how to apply a [condom catheter](#), and how to cleanse the genital

area and catheter tubing. Instruction is provided about how to empty urinary drainage bags that are attached to [condom catheters](#) and [indwelling catheters](#) and how to properly measure urine output.

Procedure: Use of a Bedpan

Patients who are unable to get out of bed may need to use a [bedpan](#) when urinating or for bowel movements. The standard bedpan looks like a toilet seat and has a wide, high rim. These types of bedpans are placed under the patient with the widest end under their [buttocks](#). The fracture pan has a lower, thinner rim. The smaller, flatter end is placed under the buttocks. The higher end with the handle is placed facing the patient's feet. The fracture pan should be used for patients who are unable to lift their hips for bedpan placement after back or spinal injuries or surgeries.

1. Explain the procedure to the patient.
2. Wash and dry your hands. Always apply gloves when offering and removing a bedpan.
3. Adjust the bed to a safe working height. Lock brakes. Lower the head of the bed and position the patient in the supine position.
4. Provide privacy for the patient by closing doors and curtains.
5. Fold down top linens just enough to slide the bedpan under the patient.
6. Place a towel or disposable protective pad under the patient as needed. This helps to protect bed linens from getting urine or feces on it in case of accidental spilling of bedpan contents.
7. Assist the patient with removing pants and undergarments if they are unable to do so.
8. Home Health Aides/Personal Care Aides can dust the bedpan with talcum powder to help prevent the patient's skin from sticking to the bedpan. Check with a supervisor before doing so. Ensure the patient does not have an allergy to the powder.
9. Place bedpan near hips. Position a standard bedpan with the wider edge aligned with the [buttocks](#). Position a fracture pan with the flatter end under the patient's buttocks and the handle toward the foot of the bed.
10. If the patient is able, they can bend their knees and lift their hips as you slide the bedpan under their buttocks. You can provide assistance for the patient as they raise their hips by placing one hand at the small of their back to help raise their [buttocks](#).
11. If the patient is unable to lift their hips, roll them to the side facing opposite you. Position the waterproof pad under the patient's buttocks. Then, position the bedpan under their buttocks, pressing firmly but gently downward on the bedpan, against their buttocks. Hold the bedpan securely against the patient as you roll the patient back toward you. Check to ensure the bedpan is adequately underneath the patient's [buttocks](#).
12. Ensure a blanket is covering the patient. Provide privacy. Raise the head of the bed if the patient prefers so that the patient is more closely in a sitting position. This position allows for a more natural feel for the patient to eliminate. Raise the side rails.
13. Provide the patient with toilet paper.
14. Dispose of your gloves and wash your hands.
15. When the patient has finished using the bedpan, put on clean gloves.
16. Lower the head of the bed so the patient is put into a supine position.
17. If the patient is able, ask them to lift their hips. While they do this, firmly grasp the bedpan and remove it from under them. Assist with cleaning the patient's perineum as appropriate.

18. If the patient is unable to lift their hips, assist the patient to roll to the side facing away from you. While the patient is rolling, ensure you have a firm grasp on the bedpan. You may have to have one hand on the patient's hip to assist with rolling, and use your free hand to grasp the bedpan. Remove the bedpan.
19. Clean the patient's perineum. For female patients, wipe the [buttocks](#) from front to back, away from the vaginal area. This ensures bacteria from the anal area and from feces do not enter the vaginal area and cause a possible infection.
20. Lower the bed to its lowest setting for safety. Reposition the patient for comfort. Ensure side rails are raised.
21. Dispose of the contents of the bedpan into the toilet. Rinse and clean the bedpan with hot, soapy water. Dry and put the bedpan away.
22. Measure urine as required. Document output of urine or feces as appropriate.
23. Dispose of your gloves. Wash and dry your hands.
24. Document procedure and any observations or changes in condition or behavior.

Procedure: Use of a Urinal

The use of a [urinal](#) helps the male patient to privately and safely urinate without having to ambulate to the bathroom or commode. Many male patients may find it easier to urinate in a high sitting or a standing position. Assist the patient into the position they are most comfortable and can safely assume during urination. Home Health Aides/Personal Care Aides may need to assist some patients with positioning and holding the [urinal](#) while they urinate.

1. Explain the procedure to the patient.
2. Wash your hands. Don gloves.
3. Provide for privacy.
4. Adjust the bed to a safe working height. Lock bed wheels. Raise the head of the bed to put the patient in a sitting position in bed or at the side of the bed. Alternatively, assist the patient to a standing position. Refer to Procedures "[Transfer to a Sitting Position in Bed](#)", "[Helping the Patient to Sit at the Side of the Bed](#)", and "[Helping the Patient to Stand](#)".
5. Place a protective pad or towel under patient's hips as needed.
6. If the patient is able, hand them the [urinal](#).
7. If the patient requires assistance, place the [urinal](#) between the patient's legs. Position the head of the penis into the [urinal](#), ensuring it is completely inside the container.
8. Be patient while assisting with urination. Allow for quiet during this time. Provide privacy by covering the patient with a blanket if they are in bed.
9. Provide privacy for the patient to urinate if they do not require assistance by leaving the room. Check on the patient every five minutes, knocking before entering. Provide toilet paper.
10. Discard gloves and wash your hands.
11. When the patient has finished using the [urinal](#), wash your hands and don clean gloves.
12. Close the cap on the [urinal](#).
13. Lower the bed to the lowest height. Ensure bed rails are raised.
14. Remove the [urinal](#) and supplies.
15. Measure urine and record output as required.

16. Dispose of urine into toilet. Flush toilet. Rinse and then store [urinal](#). Do not store a [urinal](#) on a bedside table. Hang the [urinal](#) on a bed rail near the patient so they may easily access it.
17. Dispose of gloves. Wash your hands.
18. Document procedure and any observations or changes in condition or behavior.

Procedure: Assisting with the Use of a Condom Catheter

[Condom catheters](#) are worn by some males to assist with urination. This urinary drainage system allows a patient to engage in their normal activities, while not having to be concerned about problems with urination such as incontinence. It is a less invasive urinary drainage system than an [indwelling catheter](#) and has a low risk of infection. It is important for Home Health Aides/Personal Care Aides to ensure the tubing to this urinary drainage system is not kinked or twisted, and that the drainage collection bag is worn below the level of the [bladder](#).

1. Explain the procedure to the patient.
2. Wash your hands. Apply gloves.
3. Assemble equipment needed (soap, wash cloth, towel, [condom catheter](#), skin protectant, drainage bag).
4. Raise bed to a safe working height. Lock the brakes. Place the patient in a supine position.
5. Maintain patient's privacy. Only expose genital area.
6. Remove the old [condom catheter](#) if one is in place by detaching it from the drainage system tubing and rolling the condom down and off the penis, starting at the base of the penis and rolling towards the tip of the penis. Dispose of the old condom catheter.
7. Wash the penis carefully with soap and warm water (temperature no greater than 105 degrees Fahrenheit). For [uncircumcised](#) males, push the [foreskin](#) down the [shaft](#) of the penis and clean the head (glans) of the penis. The glans of the penis should be washed using a circular motion from the opening of the urinary [meatus](#) outward. Wash the [shaft](#) of the penis using downward strokes. Dry well. Remember to move the foreskin back up. If the foreskin is not reduced (put back into its original place), swelling will result due to circulation of blood to the penis being cut off.
8. Observe the penis for sores, open or red areas, and broken skin.
9. Attach the condom catheter to tubing of the collection system.
10. Push pubic hair away from the [shaft](#) of the penis to prevent it from sticking to the skin protectant or condom.
11. Apply skin protectant to the [shaft](#) of the penis and allow to dry. It will be sticky.
12. Hold the base of the penis with your non-dominant hand. With your dominant hand, roll the [condom catheter](#) onto the penis, starting at the tip of the penis and then over the [shaft](#) of the penis, toward the base. Leave about 1 inch of space between the glans of the penis and the drainage tip to prevent irritation.
13. If tape is being used to secure the condom in place, apply it in a spiral manner, starting at the top of the penis, working downward.
14. Ensure that the tubing for the collection system is connected to the condom.
15. Secure the tubing to the patient's thigh with tape, a Velcro leg strap, or the method directed by the agency.

16. Ensure that the tip of the condom is not twisted. Ensure the tubing to the collection system is not kinked or twisted. The collection system tubing and drainage bag should always be kept below the level of the [bladder](#). This ensures that urine from the drainage bag does not move back up to the penis.
17. Lower the bed to its lowest position. Ensure bed rails are raised.
18. Discard used supplies.
19. Discard gloves and wash your hands.
20. Document application of the [condom catheter](#) and any skin conditions, such as sores, swelling, red, or raw areas observed.

Procedure: Assisting with Cleaning the Skin and Catheter Tubing

Providing personal hygiene care is an important part of the Home Health Aide/Personal Care Aide's job. Cleaning the catheter tubing should be completed on a daily basis when providing bathing and perineal care for the patient.

1. Explain the procedure to the patient.
2. Wash and dry your hands. Apply gloves.
3. Gather equipment and supplies needed (soap, wash cloth, towel, and waterproof pad).
4. Raise the bed to a safe working height. Lock brakes.
5. Provide for patient privacy. Expose only the genital area.
6. Position the patient on their back to expose the perineal area and catheter tubing.
7. Place a towel or disposable protective pad under the patient.
8. Wash the patient's genital area gently with soap and warm water (no greater than 105 degree Fahrenheit).
 - *For males:* start at the [meatus](#) (urinary opening) and clean outward in a circular motion. Clean the [shaft](#) of the penis with downward strokes. For [uncircumcised](#) males, gently push back on the foreskin to clean under this area. You should use a clean area of the washcloth with each stroke. Remember to replace the foreskin.
 - *For females:* separate the labia and using a clean part of the washcloth, wipe from front to back on each side, using a clean part of the washcloth for each stroke. Wipe from top to bottom down the middle to the opening of the [vagina](#). Clean the area between the [vagina](#) and [anus](#) last, washing from front to back. Never move from back to front.
9. *Take care to not pull on the catheter at any time, as this could cause injury to the patient.* The catheter tip is inside the bladder. Pulling on the tubing could cause injury to the [bladder](#).
10. Hold the tubing with one hand, close to the [meatus](#), while gently cleansing the length of the tubing, starting from the point of entry (urinary opening) and moving down the tubing.
11. A warm soapy washcloth can be used, unless otherwise directed in the Care Plan. Replace with clean washcloths as needed. When done washing the tubing, use a clean, wet washcloth to rinse the tubing. Always move from the urinary opening downward. Never clean the bottom part of the tubing and move toward the urinary opening. This could introduce bacteria into the urinary system.

12. Observe the genital area around the catheter for sores, swelling, crusting, leakage, or bleeding. Document and report these observations.
13. Ensure the catheter tubing is taped or that a catheter securement device is in place, according to the Care Plan.
14. Position the patient so that the catheter tubing does not kink or pull. The urinary drainage bag should be below the level of the patient's bladder.
15. Dispose of dirty linens and water. Remove the bed protector or towel from under the patient.
16. Lower the bed to its lowest setting and ensure side rails are up for patient safety.
17. Discard gloves and wash your hands.
18. Record time of procedure and any observations or changes in behavior or condition.

Procedure: Assisting with Emptying of the Urinary Drainage Bag

Drainage bags on urinary collection systems, such as those from [indwelling catheters](#) or [condom catheters](#) need to be emptied on a regular basis. Home Health Aides/Personal Care Aides should frequently check that the tubing on catheter systems is not twisted or kinked. Home Health Aides/Personal Care Aides should always ensure that drainage bags are below [bladder](#) level. Never hang them from bed rails as the bag will move when bed rails are raised or lowered.

1. Explain the procedure to the patient.
2. Wash your hands and don gloves.
3. Assemble equipment needed (measuring pitcher or graduate cylinder).
4. Place the measuring pitcher or graduate cylinder below the drainage bag on a paper towel.
5. Release the drain from the holder.
6. Open the clamp on the drainage bag without allowing the drain to touch the measuring cylinder.
7. Allow contents to pour into measuring container.
8. Take care to prevent urine from splashing onto your face or clothing.
9. Clamp the drainage bag and clean the end of the drain with an alcohol wipe.
10. Position the clamp back into its holder.
11. Measure the amount of urine at eye level while it is sitting on a flat surface. Record this as output.
12. Dispose of urine in the toilet. Flush. Clean the measuring container and store.
13. Discard gloves and wash your hands.
14. Document procedure, output, and any observed changes in behavior or condition.
Report observations about changes in urine color, odor, amount, or characteristics, such as cloudiness, mucus or blood present. Note the condition of the drainage bag and catheter tubing. Report concerns or the need to replace catheter tubing or the drainage bag to a supervisor.

Procedure: Measuring Urinary Output

Fluid that is taken in must be **eliminated** from the body. Urine that is **excreted** from the body is called **output**. It is important for Home Health Aides/Personal Care Aides to measure the output of their patients to ensure optimal health. A patient may have a condition in which the healthcare provider wants to ensure that their **intake** equals their output. This helps to ensure adequate fluid balance. Fluids are usually measured using milliliters (mL). The agency will specify the unit of measurement Home Health Aides/Personal Care Aides should use.

Urinals and catheter drainage systems have measuring lines on the system. The amount of urine at the number indicates the amount of output. For patients who use a toilet, commode, or **bedpan**, urine contents can be emptied into a graduated or other measuring pitcher to provide an accurate measurement of output. Contents can be disposed of down the toilet once the urine has been measured.

1. Explain to the patient the importance of measuring urinary output.
2. Always wash hands and don gloves when measuring urinary output.
3. Pour urine from a bedpan, commode, **urinal**, or urinary drainage bag into a measuring pitcher or cylinder.
4. Place the measuring pitcher on a paper towel on a flat surface.
5. Note amount of urine at eye level. Record amount. Amount of urine should be documented in milliliters (mL).
6. Discard urine into toilet, unless the urine is needed for a specimen.
7. If you notice anything unusual about the urine, save the urine to be inspected by a supervisor.
8. Flush the toilet.
9. Rinse bedpans, commodes, urinals, and measuring pitchers that have been used.
10. Store equipment in the appropriate place.
11. Discard gloves and wash your hands.
12. Document all output. Report any observations or changes in condition or behavior.
13. Record and report changes of characteristics of urine, including color, amount, odor, blood or mucus in the urine, or if the patient has difficulty or pain while urinating.

Unit F: Assisting with Eating

An important part of the job of a Home Health Aide/Personal Care Aide is to assist patients with eating. This may include planning and preparing meals, shopping for ingredients, serving food, and feeding.

Home Health Aides/Personal Care Aides can provide an atmosphere that is pleasant during meal time. Ensure there are no unpleasant odors. Empty trash cans, and remove **urinals** and **bedpans** from sight. Offer to assist the patient to the bathroom and to perform **mouth** care prior to eating. Ensure patients who wear dentures place them in their mouths prior to eating. This allows the patient to better chew and digest their food.

Patients should always be positioned in an upright position during mealtimes. This helps to prevent **choking**. For patients who have swallowing or choking problems, they should be kept in an upright position for 30-60 minutes once their meal is complete.

Patients with [visual impairments](#) may need to be instructed about the position of food on their plate. An easy way to do this is to use the [clock method](#). Instruct patients about position of food using the face of a clock as a guide. For example, “The peas are at 2:00, the meatloaf is at 6:00 and the rice is at 9:00.”

Some patients may only need assistance with preparing food and are able to eat independently. Many types of adaptive equipment such as special plates, cups, and eating utensils are available to help people be as independent as possible while eating. Other patients will require [complete care](#) during eating and the Home Health Aide/Personal Care Aide will need to feed the patient. HHAs/PCAs should sit next to patients while feeding and offer to keep those who are independent eaters company. Mealtime is a good time to get to know the patient. Patients who prefer to pray or have religious or spiritual practices prior to meals should be allowed to practice these rituals. Give privacy as appropriate and requested.

Home Health Aides/Personal Care Aides should offer foods that are appealing to their patient and allow them to choose the foods they would like to eat, as appropriate. Follow ChooseMyPlate guidelines as discussed in Module 8 when selecting and preparing food to serve to patients. Follow Care Plan guidelines when preparing special diets. Refer to Module 8 for specific instruction about preparing special diets.

Procedure: Assisting with Eating

1. Inform the patient that it is mealtime. Provide choices about foods.
2. Always wash and dry your hands. Always apply gloves during meal preparation and when assisting with eating.
3. Assemble equipment needed (e.g. bowl, plates, cup, eating utensils, napkins).
4. Allow the patient to select foods they prefer.
5. Prepare the patient’s environment by ensuring there are no unpleasant odors or sights.
6. Offer mouth care prior to eating. Assist with applying dentures. This allows a patient to be able to effectively chew their food. Assist or encourage the patient to put on glasses so they may see their food.
7. Position the patient in a high upright sitting position. This will prevent the patient from [choking](#) or aspirating food or fluids.
8. Allow the patient time to pray before eating if they wish.
9. Arrange food attractively on the plate.
10. Encourage the patient to do as much as they are capable. Assist only as needed.
11. Cut food into small, bite-sized pieces if patient is unable to do so.
12. Place a napkin under the patient’s chin. Replace soiled napkins as needed.
13. Inform the patient of food temperatures, especially for food that is hot.
14. Use forks and spoons gently when feeding the patient. Never force feed a patient.
15. Allow adequate time between bites before offering the next bite.
16. Encourage the patient to chew food well before proceeding to taking the next bite.
17. Mealtime is a good time for Home Health Aides/Personal Care Aides to get to know their patient. Make eating time a pleasurable experience. Be patient. Sit next to or facing the patient if

assisting with feeding or while providing company during meal times. Allow the patient to eat alone if they prefer. Check on them every 5-10 minutes.

18. For patients who have swallowing problems, Home Health Aides/Personal Care Aides should limit their conversation while the patients are chewing. They may need to concentrate on chewing and swallowing their food appropriately.
19. Encourage, or assist, if needed, wiping of the mouth or face.
20. Use straws or training cups as appropriate to allow ease of drinking and promotion of independence.
21. Special plates with guards and padded eating utensils help to promote independence.
22. Remove uneaten food, liquid, and soiled dishes once the patient is done eating. Clean the patient's area and all used dishes.
23. If the patient has swallowing problems, keep them in an upright position for 30-60 minutes after eating to prevent [choking](#) or [aspiration](#) of food or fluids.
24. Offer hand and mouth hygiene when the patient has finished their meal.
25. Remove your gloves. Wash and dry your hands.
26. Document completion of the task and record any changes in condition or behavior. Report any chewing or swallowing problems. Report any changes in appetite. Record amount of food eaten and fluids taken in as [intake](#).

Special Needs

1. If the patient has a sensory impairment, such as a [vision](#) problem, tell the patient where the food is located on the plate using a clock to inform them of food position. For example, "The mashed potatoes are at the 6:00 position, the meatloaf is at 3:00 and the green beans are at 9:00."
2. If the patient has facial weakness or arm/hand weakness or paralysis, feed the patient to their strong side and/or place eating utensils on their stronger side.
3. If the patient has a swallowing problem, allow longer periods between bites for adequate chewing. Limit the amount of conversation while the patient is chewing or swallowing. Ensure that the food is cut into bite sized pieces and that food is the appropriate consistency (e.g., pureed), according to the patient's prescribed diet.
4. Special plates, utensils, and cups are available to assist the patient who is weak or who has trouble grasping utensils. Eating utensils can be built up by using gauze taped around the handles.

Procedure: Measuring Intake

To maintain adequate health, we need to take in a certain amount of fluid per day. Depending on a patient's condition, they may either be encouraged to drink fluids or limit their fluid [intake](#). Fluid that is taken in is called intake. Fluids are usually measured using milliliters (mL). One cup of liquid is 8 ounces or 240 mL.

The amount of food that is eaten can also be measured. This can be done by weighing the food prior to serving and subtracting the amount left to get the total [intake](#). Food intake can also be

measured by determining percentage eaten. If all the meal is consumed, the intake is 100%. If none of the meal is consumed, the intake is 0%. A quarter of the meal consumed would be 25% and half the meal consumed would be 50%. The agency will specify the unit of measurement to be used.

1. Explain to the patient the importance of recording their [intake](#). Throughout your shift, ask the patient what and how much they have had to eat or drink.
2. During food preparation, measure the amount of food or liquid that is served. Use standard measuring cups and spoons to properly measure intake. Record this in the appropriate place.
3. Once the patient has finished eating or drinking, subtract the amount they have consumed from the amount you served. Record this number as their input. Input for fluid should be recorded as milliliters (mL).
4. Record the weight or percentage of food consumed in the appropriate place.
5. Document all intake. The agency may provide Home Health Aides/Personal Care Aides with a specific [intake](#) and output (I & O) sheet. They should report any observations or changes in condition or behavior.

Unit G: Assisting with Transfers, Turning and Positioning, and Body Mechanics

Procedure: Proper Body Mechanics

Proper body mechanics means using your body in an efficient and safe way. Using proper body mechanics prevents Home Health Aides/Personal Care Aides from injuring themselves or their patient. Proper body mechanics involves always using good posture, keeping your back and trunk straight and aligned with your hips, and keeping your head facing forward toward the direction you are working. This prevents twisting, which increases your risk of injury. Turn your entire body, including your legs in the direction you move. Never twist the trunk or waist.

Bend your legs and not your back while working. Your feet should be about 12 inches apart to provide a strong base of support and balance for you to work. Use the larger and stronger [muscles](#) of your thighs, hips, shoulders, and upper arms while bending or lifting objects. This protects your back and smaller muscles from injury.

Keep objects close to your body when lifting or carrying them. Home Health Aides/Personal Care Aides should always raise the bed to waist height when working with a patient who is in bed or making a bed. This prevents unnecessary bending of the back. When pushing, place one leg forward. When pulling, move one leg back. This provides you with a stronger and more stable base of support. Keep in mind when moving a patient that your path, or direction in which you are moving should be clear of objects that could get in the way and cause potential injury. Home Health Aides/Personal Care Aides should always lock the brakes on the bed and wheelchair before [transferring](#) a patient. This prevents the bed or wheelchair from moving and causing potential injury to them or the patient.

Procedure: Standing

1. Place your feet hip width apart (about 12 inches) with one foot in front of the other to create a firm base of support. This provides you with a stronger sense of balance than if your feet were close together.
2. Keep your back and neck straight and pelvic area aligned with your hips. Always keep your upper body aligned with your lower body to prevent injury. Alignment means that a vertical (up and down) line can be drawn from your head to your feet so that both sides of your body are equal. One side is not leaning more in one direction.
3. Face toward the direction of movement. Keep your head and neck straight and turn toward the direction in which you are working or moving. This avoids straining your neck [muscles](#).

Procedure: Lifting

1. Use a firm base of support when lifting objects. Keep your feet hip width apart and your upper and lower body aligned.
2. Use the stronger muscles of your hips and thighs to provide a center of gravity, which gives you more balance and support. Do not bend your back to lift items.
3. Bend at your knees and hips to lower yourself. Do not bend your back or lean forward to push or pull objects. Use the large muscles in your legs and hips to bend and support your weight rather than using the smaller muscles of your back.
4. When lifting an object, use the stronger [muscles](#) of your thighs and upper arms to lift the object. Do not reach for the object by stretching your back. Position yourself close enough so that you do not have to overextend your back or your arms to obtain the object.
5. Keep objects you are lifting close to your body. This keeps the weight of the objects closer to your center of gravity, which provides you with more balance and stability. Keep your legs hip width apart while lifting. Keep your back straight.
6. Pivot (turn) with your feet. Keep your upper and lower body aligned with one another when turning. Do not twist at your waist. Face objects or people you are moving to help avoid twisting at the waist.
7. When standing up, use the strength of your hip and thigh [muscles](#) to raise your body and the object. Carry the object close to your body.
8. Use a lift sheet or [bed pad](#), placed under the patient, to assist with moving and positioning a patient in bed. Grasping the edges of the bed pad on either side of the bed pad rather than grasping the patient's body parts or clothing, to lift the patient prevents the HHA/PCA and the patient from injury. Use a partner to assist with lifting patients in bed.

Procedure: Using Proper Working Height

1. When making a bed, do not lean forward over the bed. If using an adjustable bed, raise it to waist level. Lower side rails of the side in which you are working. This allows you to move as close as

possible to the patient to avoid awkward movements or unnecessary bending, leaning, or twisting.

2. If making a regular bed, without an adjustable height, kneel on the bed to support yourself, with your back straight. This prevents unnecessary bending of your back.
3. Always move to the other side of the bed, rather than leaning over the bed, when you must work on the opposite side of the bed, such as during bed making.
4. Raise bed tables, if you can, to waist height. This allows materials you need to be at working height so that you do not need to bend or twist to reach them. This also prevents contamination of items when you are bathing a patient or assisting with changing dressings on wounds.
5. When assisting a patient with dressing, applying lotion, socks, or shoes, Home Health Aides/Personal Care Aides should use a firm base of support, bend using the strength of their thighs to provide balance, and position themselves at the level where they are working. Alternatively, they may kneel. Do not bend over to put lotion or shoes on a patient.

Turning and Positioning the Patient

Turning a patient in bed is an important task of the Home Health Aide/Personal Care Aide. It is very important to protect the patient's skin any time they are turned or moved. **Friction** (rubbing of two surfaces together, such as the skin rubbing against a sheet) and **shearing** (when skin sticks to a surface, such as a sheet, and the muscles underneath slide in the direction the body moves) can cause skin breakdown and injury. **Friction** and shearing can also occur when the patient slides down in bed. To reduce friction and **shearing**, use a **draw sheet or bed pad** (these are special linens placed underneath patients to help lift them in bed) when moving a patient. When lifting or moving patients in bed use at least two people to assist as often as possible. Never pull on a patient's body part to lift or turn them, as this can cause a serious injury.

Patients should be turned every two hours to prevent development of pressure ulcers. There are a number of positions in which patient can be placed. Alternate the positions used to help prevent pressure ulcers and to provide patient comfort. Position pillows under bony areas to prevent pressure ulcers. If patients prefer to stay in one particular position, a pillow should be placed under one buttock or hip to prevent pressure ulcers. This pillow can be rotated to the other side with the next position change. For example, the patient has a pillow placed under their right buttock at 10 am. With the 12 noon turn and position, the pillow can be moved to under the left buttock.

Positions:

- **Fowler's Position:** In this position the patient is placed in a sitting up or upright position.
 - This is the position patients should be placed for eating, taking medications, and if they have difficulty with swallowing or breathing.
 - Pillows may be placed behind the head, under each arm, under a hip to lift the buttock from the bed, and one under each leg with heels off the surface of the bed.

- **Supine Position:** In this position the patient is placed in a lying or reclining position with their back against the bed and their face positioned up.
 - Pillows may be placed behind the head, under a buttock, and one under each leg with heels off the surface of the bed.
- **Prone Position:** In this position the patient is placed face down with their belly against the bed. Arms should be positioned so they are not underneath the patient. Arms may be gently bent at an angle at the patient's side.
 - Pillows may be placed under calves, feet, arms, and head for comfort and to prevent pressure ulcers.
- **Lateral Position:** In this position the patient is placed on one side.
 - Pillows should be placed between their knees, under their head, under the arm that is draped over their top leg, and under the leg that is closest to the bed to keep heels off the surface of the bed.

Pillows should be placed under bony prominences to prevent pressure ulcers.

Examples of Bony Prominences That Are at Risk for Pressure Ulcers:

- Back of the head
- Heels
- Elbows
- Ankles
- Hips
- Sacrum (lower back)
- Coccyx (tailbone)

Before repositioning the patient, Home Health Aides/Personal Care Aides should also offer the use of the restroom, [bedpan](#), or [urinal](#). Patients should also be offered a glass of water at this time to ensure proper hydration. Ensure the patient's body is in proper alignment once you are done positioning them, and that pillows are used to support body parts.

Procedure: Turning the Patient in Bed

1. Explain the procedure to the patient.
2. Wash and dry hands. Put on gloves as needed.
3. Position yourself on the side of the bed that the patient will be turned to. Adjust the bed to waist height. Lock bed brakes. Lower the head of the bed. This allows gravity to work with, instead of against you. Lower the side rail closest to you. Use proper body mechanics.
4. Provide privacy and warmth for the patient. Keep them covered with a blanket.
5. Ensure safety of the patient while turning. Watch position of the patient's head and extremities (arms and legs). Never let a patient's head roll backward or arms and legs to get caught in side rails.

6. *Lifting the patient toward the head of the bed:* Before turning or positioning a patient, and when patients slide down in bed, Home Health Aides/Personal Care Aides may have to lift them further up toward the head of the bed.
 - *For a patient who can assist:* Put the head of the bed flat and move any pillows that will be in the path you are moving toward. Lower the side rail on the side you are standing. Use proper body mechanics: stand with your feet hip width apart and slightly bend your knees. Face the patient. The foot closest to where you are moving should be slightly forward and your rear leg slightly backward. Place one arm under the patient's shoulders and the other under the patient's thighs. Instruct the patient to bend their knees and push down against the mattress with their feet and hands. You should rock back and forth to begin your motion and start to count out loud. On the count of three, shift your weight to your front leg, and assist the patient to move up in bed, while they push down on the mattress with their hands and feet.
 - *Using a [draw sheet/bed pad](#) to lift the patient with two people:* Put the head of the bed flat and move any pillows that will be in the path you are moving toward. Lower the side rails. Use proper body mechanics: stand with your feet hip width apart and slightly bend your knees. Point the foot closest to the head of the bed in that direction. Your other leg should be slightly behind you. Face the patient. Each person should roll the bed pad on their side and grasp it in their hands. Each person should shift their weight from front to back legs by rocking back and forth and then shift their weight toward their front foot (the direction to which they are going) and on the count of three, slide the patient and [draw sheet](#) toward the head of the bed.
 - *Using a [draw sheet/bed pad](#) to lift the patient with a one person assist:* Put the head of the bed flat and move any pillows that will be in the path you are moving toward. Stand behind the head of the bed. Use proper body mechanics: stand with your feet hip width apart and slightly bend your knees. One foot should be slightly in front of the other. Roll and grasp the top of the draw sheet/bed pad on either side of the patient's shoulders. While pulling the [draw sheet](#) up toward you, rock your weight from your front to your back foot. On the count of three, pull the bed pad up toward the head of the bed. If possible, ask the patient to assist by pushing down on the bed with their feet while you lift up.
7. *Moving the patient to the side of the bed:* Before turning a patient, and when performing procedures such as a bed bath or [mouth](#) care, you should position the patient closest to the side of the bed you are on. This prevents you from having to extend your reach, which reduces your personal injury risk. Moving the patient to the side of the bed before turning them also ensures that they will not end up too far on the edge of the other side of the bed, which increases their chance of falling off the bed.
 - *Moving the patient in segments:* To move the patient in segments, you will first move the upper part of the body, and then the trunk area, and finally the legs and feet. To move the upper part of the body, place the hand closest to the patient underneath their neck and grasp their far shoulder (the shoulder furthest from you) from underneath their body. With your other arm, place your hand under the middle of their back, near their waist area. Gently move their upper body toward you. While moving the patient, watch for proper body mechanics. Rock backward and shift your weight to your back leg. To move their torso, place one arm under their waist and one under their thigh. Rock backward, shift your weight to your rear leg, and move them toward you. To move their legs and feet, place your arms under their thighs and calves. Rock backward and shift your weight to your rear leg. Take care not to let their feet drag or get caught underneath them.
 - *Moving the patient with a [draw sheet/bed pad](#) with a 2 person assist:* To move the patient using a draw sheet/bed pad, roll up the draw sheet/bed pad on the side closest to you. This provides you

with a grip with which to move the patient. Another worker should do the same on the other side. On the count of three, rock backward, placing your weight on your rear leg, and pull the patient toward you, lifting slightly so the patient does not drag across the bed.

- *Moving the patient with a [draw sheet](#)/bed pad with one person:* To move the patient using a [draw sheet](#)/bed pad, roll up the draw sheet/bed pad on the side closest to you. This provides you with a grip with which to move the patient. One hand should have the draw sheet/bed pad near the patient's shoulders, with the other hand grasping the [draw sheet](#) near the patient's hips. On the count of three, rock backward, placing your weight on your rear leg, and pull the patient toward you, using the [draw sheet](#)/bed pad to move the patient.
- 8. *To turn the patient toward you:* Stand on the side of the bed to which you want to move the patient. Ensure the side rail is up on the side to which the patient is turning from. Lower the side rail on the side closest to you. Cross the patient's arms over their chest and bend/cross the patient's leg nearest you over the farthest leg. Stand with your feet about 12 inches apart, bend at the knees, and place one hand on the patient's shoulder and one on the patient's hip. Rock backward and shift your weight to your rear leg. Roll the patient toward you.
- 9. *To turn the patient away from you:* Stand on the side of the bed opposite of the side you want to move the patient. Ensure the side rail is up on the side to which the patient will be turning. Cross the patient's arms over their chest. Cross and slightly bend the patient's leg furthest from you over their lower leg. Stand with your feet about 12 inches apart, bend at the knees, and place one hand on the patient's shoulder with the other on their hip. Roll the patient in one smooth motion so that their entire body rolls as one. As you roll them, shift your weight from your back to your front leg. You can also use the bed pad to turn the patient toward you by gripping the bed pad near the patient's shoulder and hip and rolling the patient. Keep the patient in good alignment at all times.
- 10. Place the patient's head, arms, and legs correctly. The top knee should be flexed with a pillow between the legs. The ankle and foot should be supported. Support arms and legs as necessary with pillows or rolled towels or blankets. Ensure the patient is not lying on their arm by adjusting their shoulder. Position pillows underneath all bony prominences to prevent pressure ulcer development. A pillow should be placed at the small of their back to prevent them from rolling onto their back.
- 11. Adjust pillows and head height for comfort. Ensure the patient's body is properly aligned.
- 12. Ensure that the patient's mouth, face, and nose are not obstructed by pillows so they can properly breathe.
- 13. Return bed to proper safe height (lowest position). Ensure side rails are up for patient safety.
- 14. Remove your gloves. Wash and dry your hands.
- 15. Document completion of task and record any changes in condition or behavior. Report and record any observations made about skin condition.

Procedure: Positioning the Patient

Patients who are bedbound or who are unable to turn themselves must be turned and repositioned every two hours. This helps to prevent pressure ulcers development. There are a variety of positions Home Health Aides/Personal Care Aides can choose to rotate the patient to.

On Back (Supine Position)

1. Explain the procedure to the patient.
2. Wash your hands and apply gloves as needed.
3. Assemble equipment (pillows, clean pillow cases, towels)
4. Center the patient in the middle of the bed.
5. Turn the patient onto their back.
6. Ensure the patient's body is in proper alignment.
7. Replace soiled or damp pillow cases with clean ones.
8. Place a pillow underneath the back of the patient's head.
9. Place a pillow underneath the small of the patient's back if they prefer.
10. Place a pillow underneath each bony prominence of the patient's hips. To do this, slightly turn the patient to one side and slide a pillow lengthwise along their hips. The pillow will be partly under their back and partly sticking out from their sides. The top of the pillow should be near their lower back, with the bottom of the pillow underneath their [buttocks](#). This will ensure that the bony prominences of their hips are not pressing against the bed, creating a possible pressure ulcer. Repeat on the other side of the patient's hips.
11. Place one pillow underneath each leg of the patient. One pillow should be used per leg. Pillows should be placed lengthwise. Make sure that the patient's heels are not pressing against the pillow or mattress. You may slightly tuck the end of the pillow closest to the patient's feet by slightly rolling it under. This ensures that the patient's heels are floated (free from pressing against surfaces).
12. Ensure that the patient is comfortable and appropriately covered for warmth and privacy.
13. Remove your gloves. Wash your hands.
14. Record time of procedure and any observations or changes in behavior or condition. Also record and inform a supervisor of any changes in skin condition or observations of skin breakdown or pressure ulcers.
15. Remember to turn and position the patient every two hours to prevent pressure sore formation.

Lateral Position (Also Called a Side-Lying Position)

1. Explain the procedure to the patient.
2. Wash your hands and apply gloves as needed.
3. Assemble equipment (pillows, clean pillow cases, towels).
4. Center the patient in the middle of the bed.
5. Safely turn the patient to one side using one fluid motion to move their entire body. This helps to keep their body in alignment.
6. Once turned to their side, ensure that the patient's body is in proper alignment.
7. Place a pillow under the patient's head and neck.
8. Place a pillow between the patient's legs so that the knees are not pressing against each other, causing a possible pressure ulcer.
9. Place a pillow underneath the arm that is on top of the patient's hip.
10. Place a pillow underneath the patient's feet to float the heels.

11. Place a pillow at the small of the patient's back to provide support so they do not roll over. To do this, place the pillow lengthwise and then slightly roll it to tuck the ends under.
12. Ensure that the patient is comfortable and appropriately covered for warmth and privacy.
13. Remove your gloves. Wash your hands.
14. Record the time of procedure and any observations or changes in behavior or condition. Also record and inform a supervisor of any changes in skin condition or observations of skin breakdown or pressure ulcers.
15. Remember to turn and position the patient every two hours to prevent pressure sore formation.

Prone Position (on Abdomen)

1. Explain the procedure to the patient.
2. Wash your hands and apply gloves as needed.
3. Assemble equipment (pillows, clean pillow cases, towels).
4. Move the patient to the side of the bed.
5. Gently turn/assist the patient onto their abdomen (stomach).
6. Ensure the patient's body is in proper alignment.
7. Turn the patient's head to the side and ensure it is in proper alignment. Place a pillow under the patient's head.
8. Position the patient's arms for comfort by gently bending them upward on either side of the patient so that their palms are facing down on the bed. Ensure that arms are not tucked under their body. Place pillows under the patient's arms for comfort.
9. Place a pillow underneath the patient's lower legs to elevate their heels.
10. Ensure that the patient is comfortable and appropriately covered for warmth and privacy.
11. Remove your gloves. Wash your hands.
12. Record the time of procedure and any observations or changes in behavior or condition. Record and inform a supervisor of any changes in skin condition or observations of skin breakdown or pressure ulcers.
13. Remember to turn and position the patient every two hours to prevent pressure sore formation.

Assisting Patients to Transfer to and from Different Positions

Patients may require assistance moving among positions. They may need assistance moving from a lying down to a sitting position and from a sitting upright position to moving to the edge of the bed. If the patient would like to get out of bed, the Home Health Aide/Personal Care Aide should assist them to a sitting position and allow them to sit at the edge of the bed for a few minutes prior to standing. This helps their bodies adjust to changes in blood pressure and helps prevent falls.

This section provides instruction for how to assist patients move from a lying down to a sitting position, from a sitting upright position to the edge of the bed, and finally to a standing position. Assisting with walking ([ambulation](#)) is also discussed. This is an important skill for the Home Health Aide/Personal Care Aide. Patients benefit from exercise in order to maintain and improve

muscle and bone strength. Instruction is also provided for assisting patients [transfer](#) to a wheelchair, chair, toilet, commode, and shower.

Proper positioning of a patient while in a wheelchair is also discussed. Patients who spend a great deal of time in wheelchairs are at risk for pressure ulcers. They should be encouraged or assisted to turn and position every two hours. Pillows may be used to relieve pressure points.

Procedure: Transfer to the Sitting Position in Bed

Patients may require instruction or assistance with sitting up in bed. Sitting up in bed allows a patient to eat, engage in visits with loved ones, or participate in other activities. Some patients may become dizzy or feel faint if they sit up too quickly. Home Health Aides/Personal Care Aides should always watch their patient for signs of dizziness and inquire as to whether they feel faint when changing positions from a lying down to a sitting position. If dizziness or faintness persists once the patient is in a sitting (Fowler's) position Home Health Aides/Personal Care Aides should , assist them back into a lying down (supine) position and inform their supervisor.

1. Explain the procedure to the patient.
2. Wash your hands and don gloves as needed.
3. Ensure that the locks of the bed are on.
4. Raise the height of the bed to a safe working height. Raise the head of the bed. This makes it easier for the patient to rise into a sitting position.
5. Remove any pillows that are placed underneath the patient's body. Fold back the top covers.
6. Face the head of the bed. Place your outer foot forward. Your feet should be about 12 inches apart. Keep your hips aligned and slightly bend at the knee.
7. *For an independent patient who can sit up without assistance:* Ask them to bend their knees. Instruct the patient to push down on the mattress with their hands, while also pushing down on the bed with their feet, as they boost themselves up in bed into a sitting position. Provide support and assistance as needed.
8. *For the patient who requires assistance to sit up:* Place one arm (the arm closest to the patient) behind the patient's shoulders. If it is a particularly frail patient or one who cannot control their neck or head, rest your forearm and hand behind their head. This prevents their head from rolling back. Place your other arm underneath the patient's thighs.
9. Do not hold the patient underneath their axilla (armpit) and do not pull against their clothing or other body part. You could cause them injury if you do so.
10. Use a gentle rocking motion to assist the patient to propel forward and up into a sitting position. On the count of 3 (count aloud so the patient knows when they will be moving), help to move the patient to the sitting position by slowly pushing them up. Rock forward and then backward, keeping your back aligned, and shifting your weight from your front to your rear leg. This provides a firm base of support and balance while assisting the patient into a sitting position.
11. Place a pillow or two behind the patient's back and head to keep them in an upright position. Position and cover the patient for comfort.
12. Check for any changes in the patient's condition such as dizziness, weakness, or shortness of breath. Make sure to record and report any conditions observed or statements made the patient to

indicate this. If the patient remains dizzy or continues to report feeling weak, return them to a lying down position. Immediately inform a supervisor.

13. Remove gloves if wearing, and wash your hands.
14. Place the bed back into its lowest level and ensure side rails are raised.
15. Document the procedure and any observations or changes in condition.

Procedure: Helping the Patient to Sit at the Side of the Bed

It is helpful when [transferring](#) a patient or assisting with ambulation to first assist a patient from a lying down to a sitting position. [Care Plans](#) may provide instructions for Home Health Aides/Personal Care Aides to assist patients to dangle (sit at the edge of the bed) for a certain amount of time per day. [Care Plans](#) may also instruct Home Health Aides/Personal Care Aides to allow their patient to dangle at the edge of the bed prior to standing or [transfer](#). They should always watch their patient for signs of dizziness and inquire as to whether they feel faint when changing positions from a lying down to a sitting position. If dizziness or faintness persists once the patient is in a sitting position, assist them back into a lying down position and inform a supervisor.

1. Explain the procedure to the patient.
2. Wash your hands and don gloves as needed.
3. Face the head of the bed. Place your outer foot forward. Your feet should be about 12 inches apart. Keep your hips aligned and slightly bend at the knee.
4. Make sure the bed is in its locked position.
5. *For an independent patient who can sit up without assistance:* Ask the patient to roll onto their side toward the side of the bed that they will be sitting on. Ask them to bend their knees and turn onto their side, facing you. Instruct the patient to grasp the mattress with their lower arm (the arm closest to the edge of the bed) and to use their other hand to push themselves up by reaching across their chest and reaching down to the mattress. Instruct them to push down on the mattress while swinging their legs over the side of the bed. They may also use a side rail for support while sitting up. Provide support and assistance as needed.
6. *For the patient who requires assistance to sit up:* Place one arm (the arm closest to the patient) behind the patient's shoulders. If it is a particularly frail patient or one who cannot control their neck or head, rest your forearm and hand behind their head. This prevents their head from rolling back. Place your other arm underneath the patient's thighs.
7. Do not hold them underneath their axilla (armpit) and do not pull against their clothing or other body part. You could cause them injury if you do so.
8. Use a gentle rocking motion to assist the patient to propel forward and up into a sitting position. On the count of 3 (count aloud so the patient knows when they will be moving), help to move the patient to the sitting position by slowly turning them up and toward you. Rock forward and then backward, keeping your back aligned, and put your weight onto your rear foot to provide a firm base of support and balance while you assist the patient into a sitting position. Help position the patient's legs over the edge of the bed.

9. Place a pillow or two behind the patient's back to keep them in an upright position. Position and cover the patient for comfort.
10. Check for any changes in the patient's condition such as dizziness, weakness, or shortness of breath. Make sure to record and report any conditions observed or statements made by the patient to indicate this. If the patient remains dizzy or continues to report feeling weak, return them to a lying down position. Immediately inform a supervisor.
11. Remove gloves if wearing and wash your hands.
12. Place the bed back into its lowest level and ensure side rails are raised.
13. The Care Plan may provide instructions for assisting a patient to dangle their legs for a specific length of time before returning them to a lying down position. Or, it may instruct the HHA/PCA to allow the patient several minutes to dangle at the side of the bed prior to standing or [transfer](#). Follow the Care Plan accordingly.
14. Document the procedure and any observations or changes in condition.

Procedure: Helping a Patient to Stand

Before ambulating a patient, Home Health Aides/Personal Care Aides should assist them to a standing position. Allow the patient to stand in place for 1-2 minutes to ensure that they are steady on their feet and to allow their body to adjust to the change in position. Many patients may become dizzy or feel faint when moving from a sitting to a standing position. If dizziness or faintness persists, Home Health Aides/Personal Care Aides should assist the patient back into a sitting position and inform their supervisor. The use of a [gait belt](#) is helpful to assist a patient during [transfers](#). It helps to prevent falls and injury. The belt should be applied over the patient's clothing and around their waist. Never apply a gait belt to bare skin as it could cause skin breakdown.

1. Explain the procedure to the patient.
2. Wash your hands and don gloves as needed.
3. Ensure the bed locks are on and the bed is in its lowest position.
4. Ensure the patient has on socks and non-skid shoes.
5. Assist the patient to a sitting position as outlined in the procedure, *"Helping the Patient to Sit at the Side of the Bed"*.
6. Face the patient. Place your feet about 12 inches apart, using the strength of your thigh [muscles](#) to provide the base of your support. Bend your knees slightly. Keep your hips and back aligned.
7. Instruct the patient to place their feet firmly on the floor and to push down on the bed with their arms and to lean forward. If they have one weak leg/foot, instruct them to place their strongest foot under them and to use that foot to provide the base of their support to assist them during the stand.
8. If using a gait belt ensure that the gait belt is secure and over the patient's clothing. Grasp the gait belt securely in both hands, with one hand on either side of the patient's waist as you stand in front of them.
9. If not using a gait belt, stand in front of the patient, place your arms and hands around the patient and place your hand under their shoulder blades. Hold the patient close to your center of gravity. This provides balance and stability. Reassure them as needed. Brace the patient's knees by

placing the inside of your knees against the outside of their knees. If the patient has one weak leg, brace that knee by placing your inner thigh against the inside of their knee. Your other leg should be in front of the patient's knee, braced against it.

10. Gently rock the patient backward and forward to provide a propelling motion, and begin to count.
11. On the count of three (out loud), assist the patient to a standing position. As you assist the patient into a stand, shift your weight onto your rear foot for stability and support.
12. Support the patient until they are stable.
13. Stay in front of the patient to ensure they are not experiencing dizziness, weakness, or shortness of breath. Make sure to record and report any conditions observed or statements made the patient to indicate this. If the patient remains dizzy or continues to report feeling weak, return them to a sitting and then lying down position. Immediately inform a supervisor.
14. If the patient begins to fall during assisting to a standing position, widen your stance. Bring the patient's body close to you to provide support. Bend your knees and using the strength of your thighs, lower the patient to the floor or to the bed if you can. Immediately report the near fall or any actual falls to a supervisor. If the patient has fallen, do not attempt to get the patient up alone. The agency may require the patient gets evaluated by a nurse before helping the patient back up. Report any injuries or concerns. Home Health Aides/Personal Care Aides will also likely be required to complete an [incident report](#), and should seek direction from their supervisor about completing the incident report.
15. Remove gloves if wearing and wash your hands.
16. Document the procedure and any observations or changes in condition.

Procedure: Helping the Patient to Ambulate (Walk)

Many patients will benefit from [ambulation](#) (walking), even for short distances. It helps to promote strength, endurance, and to improve circulation. It can also provide distraction and a sense of empowerment for a patient. Never push a patient to walk further than they feel able. Always follow the Care Plan for guidelines and instructions in ambulating a patient.

1. Explain the procedure to the patient. Ensure the patient understands the benefits for their health of ambulation. Provide reassurance and safety for the patient throughout ambulation.
2. Instruct and assist the patient to apply appropriate shoes. Shoes should be laced if they have laces and should have rubber backing with treads for safety. Socks should be worn with shoes.
3. If using a [gait belt](#), walk slightly behind and to the side of the patient, while holding onto the gait belt with both hands. If the patient is weaker on one side, Home Health Aides/Personal Care Aides should stand on the weaker side to provide extra support.
4. If not using a gait belt, walk slightly behind and to the side of the patient, while supporting the patient's back with the arm closest to the patient. Use your other arm to provide necessary support at the patient's waist or to hold their arm at their elbow.
5. Walk slowly, taking small steps, and provide reassurance as needed. Instruct the patient to look forward, and not down, during walking. Assess the patient's strength, balance, and any signs of fatigue while you are walking.

6. If the patient has a [visual impairment](#), provide directions and inform the patient of any obstacles in their way, steps that need to be stepped up or down on, and when corners will be turned.
7. Ensure the patient uses ambulation devices (e.g. cane, walker) safely and appropriately.
8. Walk for short distances and take the patient's response to the walking into consideration. If the patient appears fatigued, encourage and take breaks. Allow the patient to sit and rest if needed.
9. If the patient begins to fall during ambulation, widen your stance. Bring the patient's body close to you to provide support. Bend your knees and using the strength of your thighs, lower the patient to the ground. If the patient falls, do not attempt to get the patient up alone. The agency may require the patient gets evaluated by a nurse before helping the patient back up. Report the near fall or any actual falls immediately to a supervisor. Report any injuries or concerns. Home Health Aides/Personal Care Aides will also likely be required to complete an [incident report](#), and they should seek direction from their supervisor about completing the incident report.
10. Observe, record, and report any changes in condition or behavior. Document the distance the patient walked and assistance needed during ambulation.
11. Procedure: [Transfer](#) to a Wheelchair, Chair, or Commode

When [transferring](#) a patient to a wheelchair, chair, or commode, Home Health Aides/Personal Care Aides should position the chair the patient is [transferring](#) to on the patient's strongest side. When [transferring](#) a patient back to the bed, wheelchair, or another chair, they should reverse the procedure, following the same safety rules. Home Health Aides/Personal Care Aides should always use proper body mechanics to ensure the safety of themselves and their patient.

1. Explain the procedure to the patient.
2. Wash your hands and don gloves as needed.
3. Ensure the bed locks are on and the bed is in its lowest position.
4. Angle the wheelchair, chair, or commode next to the bed. Angle it so that it is slightly turned toward the bed. If using a wheelchair, ensure the chair brakes are on and remove the footrests.
5. Assist the patient to a sitting position as outlined in the *procedure*, "*Helping the Patient to Sit at the Side of the Bed*".
6. Place non-skid slippers or shoes on the patient's feet.
7. Place a [gait belt](#) on the patient, if using.
8. Stand in front of, and facing, the patient. Place your feet about 12 inches apart. Use your thigh [muscles](#) to provide a strong base of support. Keep your back aligned with your hips. Slightly bend your knees. Remember to avoid twisting your body as you move. Brace your knees against the patient's knees and block their feet with yours. Alternatively, you can place one knee and foot against the patient's weakest leg. Your other foot should be slightly behind you. You may also straddle both your legs around the patient's weakest leg.
9. Place your hands on the patient's waist, or if using a [gait belt](#), grasp the gait belt with both hands.
10. If able, instruct the patient to push down on the bed with their hands at their sides. Instruct them that you will assist them to a stand on the count of 3. Alternatively, instruct the patient to place their hands on your hips or shoulders. Do not allow them to hold onto your face or neck.
11. With a gentle rocking back and forth motion, and on the count of three, assist the patient to a stand. If using a gait belt, follow the same procedure.
12. Assist the patient to pivot slightly toward the chair/wheelchair.

13. Instruct the patient to take small steps backward until they feel the chair/wheelchair/commode behind their knees.
14. When the patient's knees are touching the chair/wheelchair/commode, ask them to put their hands on the armrests, and gently lower them into a sitting position.
15. Stay in front of the patient and check to ensure they are not experiencing dizziness, weakness, or shortness of breath. Make sure to record and report any conditions observed or statements made by the patient to indicate this.
16. If putting a patient into a wheelchair or chair with wheels, ensure the locks are on and leg rests are positioned so that the patient's feet are resting comfortably on the footplates.
17. If the patient begins to fall during a [transfer](#), widen your stance. Bring the patient's body close to you to provide support. Bend your knees and using the strength of your thighs, lower the patient to the ground. Home Health Aides/Personal Care Aides should report the near fall or any actual falls immediately to their supervisor. Do not attempt to get the patient up alone. The agency may require the patient gets evaluated by a nurse before helping the patient back up. Report any injuries or concerns. Home Health Aides/Personal Care Aides will also likely be required to complete an [incident report](#), and should seek direction from their supervisor about completing the incident report.
18. Position and cover the patient for comfort, warmth, and privacy.
19. Remove gloves if wearing and wash your hands.
20. Document the procedure and any observations or changes in condition.

Procedure: Positioning Patient in Chair or Wheelchair

Positioning a patient comfortably and safely in a chair or wheelchair is an important task of the Home Health Aide/Personal Care Aide. Just as in bed, patients need to be re-positioned every two hours when they are in a chair or wheelchair. Patients can also slide down while in a wheelchair or chair, and may require assistance to maintain a proper sitting position. Patients should sit on pressure distribution devices, such as wheelchair cushions. This helps to prevent pressure ulcer formation. If the patient is able, Home Health Aides/Personal Care Aides should instruct them to shift their weight from side to side every two hours to relieve pressure on their [buttocks](#). Use a [draw sheet/bed pad](#) under a patient sitting in a wheelchair or chair. This will help a HHA/PCA with safely repositioning and lifting the patient.

1. Explain the procedure to the patient.
2. Wash your hands and don gloves as needed.
3. *If the chair reclines:* Obtain assistance from another person. Lock the wheels. Recline the chair. This allows gravity to help you move the patient up in the chair. Using a [draw sheet](#), fold and grasp one end. Ensure you use proper body mechanics. Just as in the *procedure*, "Turning the Patient in Bed", on the count of three, each person will lift the person up toward the head of the chair.
4. *If the patient is able to assist you with standing:* Lock the wheelchair or chair locks. Move footrests or stools out of the way. Apply a [gait belt](#), if using. Instruct the patient to hold onto the armrests and to push down on your instruction. Stand in front of the patient and brace their legs and knees with your own. Ensure you use proper body mechanics. On the count of three, ask the person to push down against the armrests as you assist them to a stand.

5. *Once the patient is standing:* Straighten wrinkles in chair pads or [draw sheets](#), fluff pillows, and check their skin for any reddened areas.
6. *When positioning the patient back into the wheelchair or chair:* Reverse the procedure used to assist them to a stand. Ensure patient's hips are as far back in the chair as possible. Position feet so they are in proper alignment with their body. Make sure feet are on footrests if using a wheelchair and that they are not caught behind the footrests or chair legs.
7. Check for positioning of male genitals. The patient should not be sitting on their [scrotum](#).
8. Place a pillow behind the patient's back if they wish.
9. Position arms on arm rests or comfortably on the patient's lap. You may also use pillows for positioning the arms.
10. If the patient requests, recline their legs and feet by reclining the chair, if it reclines, or by positioning a stool or foot rest in front of them. Elevate legs and feet with pillows, ensuring the heels are floating off the pillow. This prevents pressure ulcer formation.
11. Remove gloves if wearing and wash your hands.
12. Document the procedure and any observations or changes in condition.
13. Just as in bed, reposition the patient every two hours when sitting in a wheelchair or chair.
14. Wheelchair pillows and **pressure redistribution devices** should be used with patients who will spend long periods of time in wheelchairs or chairs. These will help prevent pressure ulcers.

Procedure: Transfer from Wheelchair to Toilet

When [transferring](#) a patient from a wheelchair to toilet, Home Health Aides/Personal Care Aides should position the wheelchair chair next to the toilet, or at an angle facing the toilet. When transferring a patient from the toilet to the wheelchair, reverse the procedure, following the same safety rules. Home Health Aides/Personal Care Aides should always use proper body mechanics to ensure the safety of themselves and their patient. Remember to offer toileting at least every two hours, and more frequently as needed.

1. Explain the procedure to the patient.
2. Wash your hands and don gloves.
3. If you are required to measure the patient's output, place the measuring tool, or hat in the toilet.
4. Follow the guidelines in the *procedure* "[Transfer to a Wheelchair, Chair, or Commode](#)".
5. Place the wheelchair at an angle, facing the toilet or commode. Alternatively, you may position the wheelchair so it is parallel (next to) the toilet.
6. Ensure wheelchair locks are on. Raise or remove footrests.
7. Stand in front of, and facing, the patient. Place your feet about 12 inches apart. Put the foot closest to the toilet in front of you, with your other leg slightly behind. Use your thigh [muscles](#) to provide a strong base of support. Keep your back aligned with your hips. Slightly bend your knees. Remember to avoid twisting your body as you move.
8. Brace your knees against the patient's knees and block their feet with yours. Alternatively, you can place one knee and foot against the patient's weakest leg. Your other foot should be slightly behind you. You may also straddle both your legs around the patient's weakest leg.
9. Assist the patient to a stand and pivot backward until the patient's back is toward the toilet or commode. Follow the procedures, "[Helping a Patient to Stand](#)", and "[Transfer to a Wheelchair, Chair, or Commode](#)".

10. Place your hands on the patient's waist, or if using a [gait belt](#), grasp the gait belt securely.
11. Instruct the patient to hold onto the grab bars near the toilet for support and balance.
12. Instruct the patient not to sit until they feel the toilet or commode at the back of their knees.
13. Instruct the patient to take small steps until they feel the toilet/commode behind their knees. If the wheelchair is parallel to the toilet, they should take small steps to the side, moving in the direction of the toilet. If the wheelchair is at an angle to the toilet, they should take small steps backwards.
14. If the patient is able, support them while they remove their pants/underwear. If unable, assist with removing pants/underwear. Have the patient hold onto the grab bars in the bathroom for support. Make sure that clothing is not caught at the patient's feet in a manner so that they could trip.
15. When the patient's knees are touching the toilet/commode, ask them to put their hands on the armrests of the commode or on the support bars of the toilet. If using a [gait belt](#), hold onto the gait belt securely. Gently assist with or lower them into a sitting position.
16. Stay in front of the patient and check they are not experiencing dizziness, weakness, or shortness of breath. Make sure to record and report any conditions observed or statements made by the patient to indicate this.
17. Allow for privacy. If the patient is weak, or requests, you should stay with them.
18. Assist with cleaning the patient when they are done using the restroom.
19. Assist with [transfer](#) back to wheelchair/chair. Reverse the procedures used to assist the patient during [transfer](#) to the toilet. Ensure that wheelchair brake locks are on and feet are resting in the foot rests, with the leg rests appropriately positioned.
20. Teach the patient to wash their hands at the sink if able. If too weak to stand, you should provide a warm, soapy washcloth or hand sanitizer for the patient to use.
21. If the patient begins to fall during a [transfer](#), widen your stance. Bring the patient's body close to you to provide support. Bend your knees and using the strength of your thighs, lower the patient to the ground. Home Health Aides/Personal Care Aides should report the near fall or any actual falls immediately to their supervisor. Do not attempt to get the patient up alone. The agency may require the patient gets evaluated by a nurse before helping the patient back up. Report any injuries or concerns. Home Health Aides/Personal Care Aides will also likely be required to complete an [incident report](#), and should seek direction from their supervisor about completing the incident report.
22. Remove gloves if wearing and wash your hands.
23. Document the procedure and any observations or changes in condition.

Procedure: Transfer from Wheelchair to Shower and Assisting with Shower

Assisting a patient who is in a wheelchair to bathe is an important task of the Home Health Aide/Personal Care Aide. A patient may be assisted into the shower from a wheelchair by using a gait belt and being guided first to sit on the edge of the tub and then to move into the shower. Home Health Aides/Personal Care Aides should always stay in the same room as patients who are weak or frail. Encourage the patient to provide as much care for themselves as possible. Provide assistance as needed.

1. Explain the procedure to the patient.
2. Wash your hands and don gloves as needed.
3. Ensure all equipment needed is gathered (shower chair, bathing supplies, and bath linens).
4. Fill the tub with water. Check the temperature to ensure it is no more than 105 degrees Fahrenheit.
5. Place the wheelchair at an angle, facing the shower between the grab bars or safety rails.
6. Ensure wheelchair locks are on. Raise or remove footrests.
7. If using a gait belt, ensure it is secure and that the patient has a shirt or towel on, with the gait belt positioned over their clothing. This is to prevent skin irritation and breakdown. Instruct the patient, or assist with moving to the edge of the wheelchair seat.
8. Assist the patient in placing one leg at a time over the edge of the tub.
9. Instruct the patient to grab onto the bars or the side of the tub and assist them into a sitting position on the edge of the tub.
10. Assist the patient into the tub by instructing or lowering the patient into the tub. They will be sitting in the tub. They may take a bath or shower depending on their preference.
11. Place toiletries and bath linens in patient's reach. Provide for privacy.
12. If the patient is weak, or requests, stay nearby and assist as needed.
13. Ensure all soap is rinsed off the patient and that their skin is thoroughly dried.
14. Assist the patient out of the shower in the reverse way that you helped them into the shower.
15. Assist with dressing as needed.
16. Put away equipment and supplies. Place soiled clothing and linens in the appropriate place. Clean shower/tub.
17. If the patient begins to fall during a [transfer](#), widen your stance. Bring the patient's body close to you to provide support. Bend your knees and using the strength of your thighs, lower the patient to the ground. Home Health Aides/Personal Care Aides should report the near fall or any actual falls immediately to their supervisor. If the patient falls, do not attempt to get the patient up alone. The agency may require the patient gets evaluated by a nurse before helping the patient back up. Report any injuries or concerns. Home Health Aides/Personal Care Aides will also likely be required to complete an [incident report](#), and should seek direction from their supervisor about completing the incident report.
18. Remove gloves if wearing and wash your hands.
19. Document the procedure and any observations or changes in condition.

Procedure: Transfer from Wheelchair to Stool or Chair in Tub

A person may be [transferred](#) from a wheelchair into a shower chair or stool in the tub. A shower chair is water and slip resistant. If the shower chair has wheels, ensure the brakes are locked during [transfers](#) and while the patient is using it.

1. Explain the procedure to the patient.
2. Wash your hands and don gloves as needed.
3. Ensure all equipment needed is gathered (shower chair, bathing supplies, and linens).
4. Place a non-slip mat in the tub.

5. Fill the tub with warm water (not to exceed 105 degrees Fahrenheit).
6. Position the wheelchair so that it is at a slight angle facing the tub, next to the shower chair.
7. Ensure wheelchair locks are on. Raise or remove footrests.
8. If using a gait belt, ensure it is secure and that the patient has a shirt or towel on, with the [gait belt](#) positioned over their clothing. This is to prevent skin irritation and breakdown.
9. Assist or instruct the patient to move to the edge of the wheelchair seat.
10. Instruct the patient, or assist with placing their legs, one at a time, over the edge of tub.
11. Instruct the patient to grab onto the bars or the side of the tub and assist them into a sitting position on the edge of the tub.
12. Ensure wheelchair locks are on. Raise or remove footrests.
13. Assist the patient to remove clothing.
14. Assist the patient to a stand and then to a sit at the edge of the tub, following procedures above.
15. Push the wheelchair out of way.
16. Assist the patient onto chair or stool in tub.
17. Place toiletries and bath linens in patient's reach. Provide for privacy.
18. If the patient is weak, or requests, stay nearby and assist as needed.
19. Ensure all soap is rinsed off patient, and that skin is thoroughly dried.
20. Assist patient out of the shower in the reverse way that you helped them into the shower.
21. Assist the patient to the edge of the tub. Guide their legs over the edge, one at a time. Assist the patient to a stand and then pivot them into the wheelchair as in procedures above. Assist them to sit in the wheelchair.
22. If the patient begins to fall during a [transfer](#), widen your stance. Bring the patient's body close to you to provide support. Bend your knees and using the strength of your thighs, lower the patient to the ground. Home Health Aides/Personal Care Aides should report the near fall or any actual falls immediately to their supervisor. If the patient falls, do not attempt to get the patient up alone. The agency may require the patient gets evaluated by a nurse before helping the patient back up. Report any injuries or concerns. Home Health Aides/Personal Care Aides will also likely be required to complete an [incident report](#), and should seek direction from their supervisor about completing the incident report.
23. Assist with dressing as needed.
24. Put away equipment and supplies. Place soiled clothing and linens in the appropriate place.
25. Clean shower/tub.
26. Remove gloves if wearing and wash your hands.
27. Document the procedure and any observations or changes in condition or behavior.

Unit H: The Patient's Environment

Beds should be made on a daily basis, usually in the morning after providing morning care. Having clean, dry sheets promotes comfort, prevents skin breakdown, and helps to promote a sense of well-being for the patient. Home Health Aides/Personal Care Aides should always ensure linens are wrinkle-free as this helps to prevent skin breakdown and pressure sore formation. Linens should be changed when they are wet, soiled, or if the patient requests. The Care Plan will direct Home Health Aides/Personal Care Aides as to how often linens should be changed. For patients who are bedridden, Home Health Aides/Personal Care Aides will have to make the bed or change the linens while the patient is in the bed. This is called "Making an

Occupied Bed” and instructions are provided on how to do this in this section. While making an occupied bed, patients are turned to the opposite side the HHA/PCA is working.

Procedure: Making an Unoccupied Bed

1. Wash and dry your hands. Always apply gloves when working with soiled linens.
2. Assemble equipment and supplies (e.g. clean linens and pillows).
3. *Assemble supplies in the order they will be used:* Bottom or fitted sheet, [bed pad](#), top or flat sheet, blanket, bedspread, pillow cases(s). Carry linens away from your body to prevent bacteria from your clothes getting on the clean linens. Turn the pile of linens upside down and place on a clean surface which will be within your reach.
4. Raise the bed to waist level. Remember to use good body mechanics. Never lean over the bed. Work on one side of the bed at a time. Move to the other side of the bed as needed. Lower the bed rails on the side you are working.
5. Remove and fold any bedding to be re-used (such as blankets and comforters or quilts). Place them on a clean surface.
6. Remove soiled linens and place in the appropriate receptacle (e.g. hamper). Roll soiled linens away from you inside out. Do not shake linens as this will release [microorganisms](#) in the air. Discard in the appropriate container.
7. Discard gloves and wash your hands.
8. Smooth mattress pad, if using, and remove wrinkles.
9. Place the bottom or fitted sheet in the middle of the bed lengthwise. The fold/crease should be in the center of the bed.
10. Unfold ½ the sheet on the side you are working and tuck into corners under the mattress.
11. Fanfold (accordion style) the other half of the sheet and leave in the center of the bed.
12. Place the bed pad in the center of the bed. Open it on the side you are working. Fanfold it to the other side of the bed.
13. Place top sheet in center of the bed lengthwise. Fanfold it to the other side of the bed.
14. Go to the opposite side of the bed.
15. Repeat steps 8-12, opening the fitted sheet and tucking it under the edges of the bed. Unfold the remaining half of the top sheet and bed pad.
16. Add blankets and bedspreads.
17. *Miter corners of the bedding:* To miter corners, grasp the edge of the bedding about 18 inches away from the end of the bed. Bring it up to the top of the bed. Hold it taut (tight) at about a 45 degree angle. It will look to be a triangular shape. Tuck the loose sheet hanging below underneath the mattress. Pick up the triangular shaped piece you made, place it over the side of the mattress, and tuck it under.
18. Bring the top sheet and blankets down over the bedspread, forming a cuff. Smooth out any wrinkles.
19. Remove the soiled pillowcase by turning it down and placing it inside out.
20. Putting a pillowcase on a pillow: *Method 1:* Grasp the pillow in one hand and fold it in half so that it makes a V shape. Guide the pillow into the open end of the pillowcase, which is in your other hand. Smooth out the pillow inside the case. *Method 2:* Grasp the end of a pillowcase at the center of bottom seams. With your other hand, gather up the pillowcase so it is covering your

hand. Grasp the pillow with the hand that is covered by the pillowcase. Pull the pillowcase down and over the pillow.

21. Lower bed to lowest height. Raise bed rails.
22. Remove and dispose of your gloves. Wash and dry your hands.
23. Document completion of task.

Procedure: Making an Occupied Bed

1. Wash and dry your hands. Don gloves.
2. Assemble equipment and supplies (e.g. clean linens and pillows). Assemble supplies in the order they will be used: Bottom or fitted sheet, [bed pad](#), top or flat sheet, blanket, bedspread, pillow cases(s). Carry linens away from your body to prevent bacteria from your clothes getting on the clean linens. Turn the pile of linens upside down and place on a clean surface which will be within your reach.
3. Raise the bed to waist level. Remember to use good body mechanics. Never lean over the bed. Work on one side of the bed at a time. Move to the other side of the bed as needed. Lower the bed rails on the side you are working.
4. Remove and fold any bedding to be re-used (such as blankets and comforters or quilts). Place them on a clean surface. Do not shake linens as this will release [microorganisms](#) in the air.
5. Loosen bedding on the side you are working. Loosen top sheet at foot and bottom or flat sheet at the foot and top of the bed. Leave top sheet or a bath blanket on the patient for warmth and privacy.
6. Leave the pillow under patient's head for comfort.
7. Turn the patient to the opposite side from which you are working. Position for safety and comfort.
8. Roll the soiled bottom sheet and bed pad toward patient. The soiled sheet and mattress pad should be rolled inward so the soiled part is not touching the patient.
9. Gently tuck the soiled sheets under the patient.
10. Position the clean bottom or fitted sheet lengthwise along the length of the patient. Tuck the clean bottom sheet next to and under the soiled sheets underneath the patient. Be sure the clean sheet is underneath the soiled sheet. This will ensure the new sheet stays clean and that it will be easy to move to the other side after you turn the patient onto their opposite side. Tuck the bottom sheet in at the head and foot, under the mattress. Smooth out any wrinkles.
11. Open $\frac{1}{2}$ the bed pad on your side. Fanfold (fold it up accordion style) the remaining half. Tuck this under the patient, over the clean sheet but under the soiled sheet.
12. Turn the patient to the clean side of the bed. Let them know that they will feel a "bump" as they roll over the linens underneath them. Position the patient for safety and comfort. If the bed has rails, ensure the bed rails are positioned up before you move to the opposite side of the bed.
13. Go to the opposite side of the bed.
14. Loosen the bottom sheet at the head and foot of the bed. Roll the soiled bottom sheet and bed pad into a ball so that the soiled part of the linen is inside, and away from clean areas. Place soiled linen in the appropriate receptacle.
15. Remove your gloves and wash your hands. If you move away from the bed, ensure that the bed rails are up.

16. Roll the clean bottom sheet and bed pad out from under the patient. Tuck in corners and smooth out wrinkles.
17. Re-position the patient back to the center of the bed.
18. Remove the soiled top sheet and replace with the clean top sheet. Replace blankets and top bedding over the patient.
19. Bring the top sheet and blanket down over the top bedding to form a cuff.
20. Remove soiled pillow cases and replace with clean pillow cases as outlined in the procedure, "*Making an Unoccupied Bed.*".
21. At the foot of the bed, make a **toe pleat** by lifting all linens with pinched fingers. This allows the patient to have room to move their feet and prevents deformities of the feet from pressure made by tight linens.
22. Position the patient for comfort.
23. Lower the bed to its lowest setting. Ensure side rails are up.
24. Remove gloves, wash and dry your hands.
25. Observe, record, and report any changes in condition or behavior.

Unit I: Special Equipment used by Home Care Patients

Patients may have a number of special types of equipment that have been prescribed for them to use in order to be as independent as possible. Home Health Aides/Personal Care Aides should always be sure they know how to use the equipment correctly prior to using it with a patient.

Bed Equipment

Patients may be using their own bed or they may have a prescribed hospital bed. Learn how to properly use a hospital bed by practicing using the buttons to raise and lower the bed prior to using it with a patient.

Mobility Equipment

Patients may have any number of equipment to help them with mobility. Learn which types have been prescribed to the patient and how to correctly use them. An important task of the HHA/PCA is to use and teach patients how to properly use mobility devices.

Types of Mobility Equipment Include:

- Canes
- Walkers

- Wheelchairs
- [Transfer](#)/sliding board
- [Hydraulic Lift](#) (e.g. Hoyer Lift)
- Electric Lift Chair
- Gait belts
- Braces, splints, slings
- Prosthetic limbs
- Special shoes or boots

Toileting Equipment

Patients may have special equipment to use which will assist them with toileting if they have problems with mobility. These types of equipment help to meet the patient's elimination needs and maintain as much independence as possible. Remember to offer toileting at least every two hours, or more frequently if the patient requires. Use proper safety procedures for [transferring](#) a patient to a toilet or bedside commode.

Types of Toileting Equipment:

- Bedpan
- [Urinal](#)
- Bedside commode
- Catheters

Scales

One of the tasks of the Home Health Aide/Personal Care Aide may be to measure the patient's weight on a regular basis. This helps to determine if the patient is maintaining an adequate weight. Some patients may be on a special diet to lose weight, while others are prescribed diets to help them gain weight. Patients with conditions such as kidney or heart failure may have to be weighed on a daily basis in order to measure if the patient is retaining fluid. Retaining fluid can lead to a worsening of their health condition.

Accuracy is important when weighing a patient. Always ensure the scale is balanced to zero before weighing a patient. When weighing a patient, Home Health Aides/Personal Care Aides should encourage them to empty their [bladder](#) and bowels first. Weigh them first thing in the morning, and while they are wearing light clothing, such as pajamas.

Depending on the patient's mobility, they may have a bed scale, chair scale, balance scale, or bathroom scale. Learn how to properly use each type of scale. It is important to ensure the safety of the patient while weighing them. If a patient appears unsteady and unable to stand in order to be weighed, inform the supervisor.

Remember too that people may be sensitive about their weight. Never chastise (scold) or be judgmental toward a person about their weight. Maintain privacy while weighing a patient and do not disclose a patient's weight to others outside of the healthcare team, unless the patient states it is okay.

Types of Scales:

- Bed scale (the patient is weighed while in bed)
- Chair scale (the patient sits while being weighed)
- Balance scale (the type found in a doctor's office)
- Bathroom scale (digital or standard)

This section will provide instruction about how to properly weigh a patient, use a [hydraulic lift](#), and a [slide board](#). The Home Health Aide/Personal Care Aide should always seek training from their agency to ensure they can correctly complete any procedure.

Procedure: Weighing a Patient

1. Explain the procedure to the patient.
2. Wash your hands. Don gloves as needed.
3. Check that the scale is at "0". Readjust if it is not.
4. Assist the patient to the scale.
5. Provide support while the patient steadies themselves.
6. Note the weight once the dial stops moving.
7. Assist the patient off the scale and safely back into a chair or bed.
8. Wash hands.
9. Record weight and any problems observed that the patient may have had getting onto or off of the scale.
10. Report any changes in condition or behavior (such as an increase or decrease in weight).
11. Store the scale in a safe place.

Procedure: Assisting with the Use of a Hydraulic Lift

At least two people should assist during patient [transfer](#) with a [hydraulic lift](#). This provides for patient safety. One person can operate the mechanical lift while the other ensures the patient moves on the lift safely by guiding and protecting their body as the lift moves them.

1. Explain the procedure to the patient.
2. Wash your hands and apply gloves, as needed.
3. Provide for patient privacy. Keep the patient covered with a blanket for warmth and privacy.
4. Raise the height of the bed to a safe working height.

5. Lock bed wheels. Lower the head of the bed so that the patient is lying flat. One staff person should be on either side of the bed. Lower bed rails.
6. *To position the sling under the patient:* Have the patient turn on their side, facing away from you. Position the sling folded accordion style along the length of their body, pushing it under the patient. Repeat this process to position the other half of the sling under the patient by having them turn the opposite way. The staff person on the other side of the bed finishes unfolding the sling and smoothing any wrinkles. Reposition as necessary for proper fit.
7. Position the patient into a [Semi-Fowler's position](#). Place wheelchair or chair to which you are transferring the patient next to the bed, about 12 inches away from the bed. Place a cushion or blanket to be used for patient comfort on the chair.
8. Position the mechanical lift next to the bed, opening the base to its widest point and push the base under the bed. Position the frame of the [hydraulic lift](#) so that it is centered over the patient.
9. Attach straps to the sling according to the manufacturer's directions.
10. Instruct the patient to cross their arms to prevent injury during the [transfer](#).
11. Raise the patient with the [hydraulic lift](#), following the manufacturer's instructions, about 2 inches above the bed.
12. Roll the mechanical lift to position the patient over the chair or wheelchair. The patient's back should be toward the chair. Your partner should support the patient's head and guide the patient's body.
13. Slowly lower the patient to the chair, using the mechanical lift.
14. Once the patient is in the chair, undo straps from the overhead bar to the sling. Leave the sling in place. This will allow for ease of [transfer](#) of the patient back to the bed later.
15. Move the mechanical lift away from the patient.
16. Position the patient comfortably. Ensure their body is properly aligned. Cover them with a blanket, per preference. Lock wheelchair or chair locks.
17. Safely store the mechanical lift for later use.
18. The sling can be left under the patient for ease of [transfer](#) back to the bed later.
19. Remove gloves and wash hands.
20. Document the procedure and any observations or changes in condition.

Procedure: Slide Board Transfer Procedure

A [slide board](#), or [transfer](#) board, is sometimes used to help a patient [transfer](#) to a bed, chair, or bath stool when they are unable to walk or bear weight on their legs. Home Health Aides/Personal Care Aides should always ensure that the patient has clothing on so that the [slide board](#) does not touch bare skin. Rubbing against the slide board with bare skin can cause injury to the patient's skin. A slide board should only be used for patients who have the strength to move themselves across it. Never drag a patient across the [slide board](#). Always use a series of small movements to assist them cross the slide board.

1. Explain the procedure to the patient.
2. Wash your hands and apply gloves, as needed.
3. Place wheelchair or chair at a 20 degree angle, facing the chair to which they are moving.
4. Lock brakes on the wheelchair and remove armrest and raise footrests.
5. Place [slide board](#) like a bridge between the two chairs or between the bed and wheelchair.

6. Instruct the patient to lean away from the slide board, lifting their hip closest to the slide board slightly.
7. Gently slide the [slide board](#) under the patient's [buttocks](#). The other end should be placed on the surface to which the patient is moving (such as on the chair).
8. Ensure the [slide board](#) is secure before proceeding.
9. Instruct the patient to place both of their hands on the [slide board](#) at their sides next to their thighs.
10. Instruct them to take a series of small push-ups across the board, or to use a scooting movement, using their hands to press down, and lifting up their [buttocks](#), until they reach the other end of the [slide board](#).
11. You may use a gait belt during this and assist the patient with moving along the [slide board](#) by grasping under the gait belt and helping the patient move across the [slide board](#).
12. Remember to use proper body mechanics. Keep a wide stance with your knees slightly bent. Use the weight of your thighs and not your back to assist with pulling the patient up.
13. Once the [transfer](#) is complete clean and store the [slide board](#).
14. Remove gloves and wash your hands.
15. Document the procedure and any observations or changes in condition.

Unit J: Care of the Infant

Procedure: Handling the Infant

Home Health Aides/Personal Care Aides may work with families who have an infant whom they must help care for. Sometimes, a mother or other caretaker may not be available to help care for the infant. They may also have health issues which prevent them from caring for the infant at that time. Always keep in mind family, cultural, religious, and social differences. Be respectful of the family's beliefs, customs, and wishes. Remember, it is their child. The Home Health Aide/Personal Care Aide is there to provide support and to help care for the infant.

When caring for a baby, it is very important for Home Health Aides/Personal Care Aides to be conscious of ensuring they prevent the spread of bacteria. Infants do not have a fully developed immune system. They are at very high risk for getting an infection. Home Health Aides/Personal Care Aides should always wash their hands before and after handling a baby, their clothing, bottles, and equipment. Wear gloves when providing diaper and bath care.

Infants require constant supervision. They are not able to protect or care for themselves. Never leave a baby unattended, especially when providing a bath. The only safe place to leave a baby is in their crib lying on their back with their face up or with an adult holding them. Home Health Aides/Personal Care Aides should always ensure they lift and hold a baby safely. The head, neck, and back must always be supported. When traveling with a baby, the HHA/PCA must ensure the infant travels in a car seat specific to the baby's weight. The infant should be secured in the car seat prior to the car being started.

When feeding a baby, remember to keep their head higher than their body to prevent choking. Babies must be burped in between and after feedings. This helps to prevent choking and aids with digestion. Follow the feeding schedule as directed by the caretaker and Care Plan. When they are finished feeding and burping the baby, they should change his/her diaper. Concerns about the well-being or safety of the baby should be documented and brought to the attention of the supervisor.

Procedure: Picking up the Infant

1. Wash your hands. Put on gloves, as needed.
2. Put one hand under the infant's [buttocks](#).
3. Put the other hand under the head, neck, and shoulders of the baby. This provides support so that the baby's head stays stable and does not roll backward. Place the baby in the appropriate position as outlined below.
4. Wash your hands when finished handling the baby.
5. Document the procedure and any observations or changes in the baby's condition.

Cradle Hold

1. Always ensure that the baby's head and neck are cradled. Rest the baby's head and neck in the crook of your elbow. Hold the baby close to your body.
2. Support the baby's back with one or both hands. With the arm that is not cradling the baby's head and back, hold the baby's legs securely and gently close to you.

Shifting to a “Football” Hold

1. While supporting the baby's head, neck, and [buttocks](#), swing the baby gently to the side of your body. The baby will be in a resting position against your hips, while your arm and hand cradle the infant, providing support.
2. To do this, hold the baby's head in one hand and support the baby's back with the forearm of the same hand supporting the head. The baby's body will lie along the side of your body. This provides protection and support to the baby.

Positioning the Infant for Feeding and Feeding the Infant

1. Wash your hands.
2. Prepare the bottle and formula as directed in the Care Plan. Extra prepared bottles should be covered and kept in the refrigerator for no more than 24 hours. Always use clean bottles that have been sterilized. Bottles can be sterilized by placing the bottles, caps, and nipples in boiling

water for 5-10 minutes. Some clients may have bottle sterilizers. Use them according to the manufacturer's instructions.

3. Ensure the bottle is warmed. To warm, immerse the bottle in warm tap water for several minutes. Alternatively, you can hold the bottle under warm tap water, turning it clockwise to warm the formula evenly. Some clients may have a special baby bottle warmer. Learn how to use it according to the manufacturer's instructions. **Never use a microwave to warm bottles as it can create hot spots in the liquid and could heat the plastic on the bottle, causing a possible burn to the baby.**
4. Shake the bottle well after warming to ensure contents are mixed. Shake a few drops onto the inside of your wrist to test for temperature. It should feel warm, not hot or cold. If it is too hot, allow the bottle to cool before feeding the baby. If it is too cold, continue to warm the bottle as described above.
5. Sit in a comfortable chair. Maintain good posture, keeping your back straight and aligned. Position the baby in the cradle or [football hold](#). Always ensure the baby's neck and head are supported.
6. Stroke the baby's lips with the bottle nipple until her [mouth](#) opens. Place the bottle nipple inside the baby's mouth gently. Never force the nipple into the baby's mouth.
7. Always keep the baby's head higher than her body while feeding. This helps to prevent choking. Never put a baby in a lying down position with a bottle propped. This could cause choking. Be sure the nipple stays full of milk so that the baby does not swallow air while sucking.
8. Talk or sing to the baby in a soft, quiet voice during feeding. Create a soothing, relaxing atmosphere for the baby while feeding.

Burping a Baby

When the baby has finished feeding, or if she stops sucking, burp her. You may need to burp the baby during the feeding, periodically stopping the feeding to burp the baby. To burp the baby, lift the baby to your shoulder, supporting her head. Use a burp cloth or towel over your shoulder to catch any spit up.

Alternatively, you can hold the baby on your lap, supporting the baby's head by holding her chin with your thumb and forefinger. Ensure her head does not fall backward. You can also lay the baby down on a burp cloth positioned over your lap. The baby will be face down on their stomach. Your arm should be placed under the baby's chest, supporting the neck and hand. Pat or massage up the back with the palm of your hand. Once the baby has burped, you can return her to a safe position or continue with the feeding. Clean the baby's face with a warm, wet washcloth.

Changing a Diaper

After feeding, change the baby's diaper. Always wear gloves when changing a baby's diaper. Remove and discard the soiled diaper. Do not leave the baby unattended to discard the diaper.

You can set it aside and discard it later if a garbage can is not within reach. Cleanse the baby's perineal area with a warm, wet washcloth or baby wipes. Ensure the perineal area is completely clean and completely dry. Leaving urine or feces on a baby can lead to diaper rash or infection. Always wipe from front to back for female babies. Apply powder, ointment, or cream as directed in the Care Plan.

Unfold the diaper and place it flat under the baby's bottom. To place the diaper under the baby's bottom, gently grasp her feet in your hands and lift just high enough to slide the diaper under her bottom. The tabs should be toward the back of the diaper, on either side of the baby. Pull the front of the diaper up, between the baby's legs. Fold the right and left sides of the diaper toward the middle. Peel tape on the tabs open and secure diaper by gently pressing them against the front of the diaper.

Replace any soiled clothing with clean clothing. Ensure the baby is placed in a safe area, such as her crib.

Documenting the Baby's Intake and Output

Input can be measured by measuring the amount you put in the bottle and subtracting the amount of fluid left. Output is usually recorded by number of diapers for urine output and number of bowel movements. Some agencies may require that you weigh the wet diaper. Record and report any observations, such as changes in the baby's feeding habits, difficulty for the baby sucking during feeding, or an unusual amount of spit up.

- Discard any formula remaining in the bottle. Wash the bottle, nipple, and ring in hot, soapy water with a bottle brush. Rinse well. Sterilize it before using again.
- Discard gloves and wash your hands.

Procedure: Infant Bath

Infant bathing is an important task for the Home Health Aide/Personal Care Aide. Infants should be bathed at least once per day, and according to the Care Plan. Never leave a baby unattended during a bath, not even for one minute. Home Health Aides/Personal Care Aides must always support the baby's head and neck with one hand, while using their other hand to wash the baby.

Remember, babies are unable to regulate their own body temperature. Home Health Aides/Personal Care Aides should always ensure they keep the baby covered whenever possible, and immediately after their bath, wrap a towel or blanket around them.

1. Wash your hands.
2. Gather all supplies needed (baby wash, baby shampoo, baby lotion, bath linens, clean basin or infant tub bath, clean diaper, powder/ointment/cream). Always have your supplies nearby. *Never leave a baby unattended during a bath.*

3. Ensure the temperature of the room is warm. Prepare the bath water to the correct temperature.
4. Wash your hands. Don gloves during diapering and bathing.
5. Bring the baby to the bath area.
6. Place the baby on a blanket or towel. Undress the baby.
7. Lower the baby gently into the water. Support the baby's head and neck at all times. One hand will always be holding the baby while you will wash the baby with the other hand.
8. With a warm, wet washcloth (do not use soap), gently wipe the baby's eyes, using a clean area of the washcloth for each eye. Clean from the inner corner of the eye (the side closest to the nose) to the outer corner (the side closest to the baby's ear). Then clean the rest of the baby's face. Pat the baby's face dry.
9. Use a warm, wet washcloth to wet the baby's hair. Be careful to not let water or shampoo get into the baby's eyes. With a small amount of baby wash or shampoo, lather the baby's hair. Rinse with a warm, wet washcloth. Pat the baby's head dry completely.
10. Wash the baby from neck to feet using a small amount of baby wash and a washcloth. When washing a female baby's genitals, wash from front to back. Rinse completely. Wash the baby's bottom thoroughly. Rinse completely.
11. Remove the baby from the bath and cover her with a towel. Pat the outside of the towel gently to dry the baby. Babies are unable to regulate their own body temperature. Always ensure the baby is kept warm and covered.
12. Apply powder, ointment, lotions, and creams as directed on the Care Plan.
13. Diaper and dress the baby.
14. Provide nail care if directed.
15. Place the baby in a safe place, such as in her crib.
16. Clean and store all equipment used. Discard dirty diapers and linens appropriately.
17. Remove gloves and wash your hands.
18. Document the procedure and any observations or changes in condition.

Unit K: Assisting with Self-administration of Medication

The assistance of self-administration of medications by Home Health Aides is not allowed in every state or country. You should be specifically trained and assigned to provide assistance with medications. **Personal Care Aides are not allowed to assist with administration of medication under any circumstance.**

Assisting with self-administration of medications is different than administering medications. Only licensed providers such as physicians, nurse practitioners, registered nurses, and licensed practical nurses may [administer](#) medications to patients. Home Health Aides may **ASSIST** patients with self-administration of medication. **Personal Care Aides must never assist with medications in any way.**

Assisting with medications means the HHA may remind patients about taking their medications, bring the medication to the patient, and bring other equipment needed to take the medication such as an inhaler to the patient. The HHA may bring liquid such as water to the patient so they

can take their medication. Home Health Aides should assist the patient into the correct position so the patient may take their medicine. For example, for medications taken by [mouth](#) the patient should be in a fully upright position. This helps to prevent choking and allows the medication to move down the [esophagus](#) into the stomach. Medication should never be crushed unless the Care Plan specifically states. Remember to always keep medications stored in a locked area.

If the Home Health Aide notices a patient taking a medication incorrectly or if the patient has a reaction to the medication the HHA should inform the supervisor. If medications are dropped or mixed up with other medications the HHA should inform the supervisor. If the HHA becomes aware of herbs, supplements, and medications the patient is taking and which they have not told the healthcare team about they should inform their supervisor.

Home Health Aides may also show the patient the medication and read the label to the patient so that the [right patient](#), [right medication](#), [right dose](#), [right time](#), and right [route](#) may be checked. Understanding and following the 5 Rights of Medications helps to avoid medication errors. The [Five Rights](#) of Medications include: The [Right Patient](#), The [Right Medication](#), The Right Dose, The Right Time, and the [Right Route](#). If Home Health Aides ever have a concern about any of these rights, they should speak to their supervisor immediately. The safety and well-being of a patient depends on their Home Health Aide.

Procedure: Checking the Right Person (Patient)

1. Wash your hands.
2. Read the container label on the medication bottle.
3. Check the name on the label to make sure it is the same as the patient's.
4. Check the name on the label against the name on the Care Plan and against the patient's ID band if they are wearing one. If the patient can respond, ask them to tell you what their name is.
5. If the patient's name is the same as what is written on the label proceed to hand the bottle to the patient and/or assist with administration as trained and ordered on the Care Plan.
6. If the names are not the same, STOP! Do not proceed further.
7. Contact a supervisor for further instructions.
8. Explain the reason for this to the patient. Patient safety is the number one priority. If the medication bottle does not have the patient's correct name, this puts the patient in danger of taking someone else's medication.
9. Record and report any problem about the medication in question to a supervisor.

Procedure: Checking the Right Medication

1. Wash your hands.
2. Read the container label on the medication bottle.
3. Check the expiration date on the medication bottle.
4. Check the name of the medication on the label to make sure it is the same as the medication listed on the Care Plan.

5. If they are the same proceed to hand the bottle to the patient and/or assist with administration as trained and ordered on the Care Plan.
6. If they are not the same, or if the medication has expired, STOP! Do not proceed further.
7. Contact a supervisor for further instructions.
8. Explain the reason for this to the patient. Patient safety is the number one priority. If the medication bottle does not have the patient's correct name of the medication, this puts the patient in danger of taking someone else's medication.
9. Record and report any problem about the medication in question to a supervisor.

Procedure: Checking the Right Dose

1. Wash your hands.
2. Read the container label on the medication bottle.
3. Check the dose on the label against the dose for that medication listed on the Care Plan.
4. If they are the same proceed to hand the bottle to the patient and/or assist with administration as trained and ordered on the Care Plan.
5. If they are not the same, STOP! Do not proceed further.
6. Contact a supervisor for further instructions.
7. Explain the reason for this to the patient. Incorrect dose information could lead to the patient taking too much or not enough of a medication.
8. Record and report any problem about the medication in question to a supervisor.

Procedure: Checking the Right Time

1. Wash hands.
2. Read the container label on the medication bottle.
3. Check the time for taking the medication listed on the bottle against the time specified in the Care Plan.
4. If they are the same proceed to hand the bottle to the patient and/or assist with administration as trained and ordered on the Care Plan.
5. If they are not the same, STOP! Do not proceed further.
6. Contact a supervisor for further instructions.
7. Explain the reason for this to the patient. Taking a medication at the incorrect time could lead to potentially having too high or too low of a dose of medication in the body.
8. Record and report any problem about the medication in question to a supervisor.

Procedure: Checking the Right Route

The [route for medication](#) means the method by which the patient will take the medication. Routes for taking medications can include the: [mouth](#), ear, eye, rectum, inhalation, and [vagina](#).

1. Wash hands.
2. Read the container label on the medication bottle.
3. Check the [route](#) for taking the medication listed on the bottle against the route specified in the Care Plan. If they are the same proceed to hand the bottle to the patient and/or assist with administration as trained and ordered on the Care Plan.
4. If they are not the same, STOP! Do not proceed further.
5. Contact a supervisor for further instructions.
6. Explain the reason for this to the patient. It is important to take medications the appropriate way.
7. Record and report any problem about the medication in question to a supervisor.

Post-test

1. **True or False:** Handwashing is the easiest and most important way a Home Health Aide/Personal Care Aide can prevent the spread of infection.
2. When should hands be washed? **Select all that apply.**
 1. Before and after using the bathroom
 2. When arriving and leaving a patient's home
 3. Before preparing food
 4. After handling raw meat or eggs
 5. Before and after wearing gloves
 6. When hands are visibly soiled
3. **True or False:** It is okay to place used needles (sharps) in the regular garbage.
4. Who is most at risk for infection? **Select all that apply.**
 1. The very young
 2. The very old
 3. People who are immunocompromised
5. Which of the following are ways the Home Health Aide/Personal Care Aide can break the chain of infection? **Select all that apply.**
 1. Wear gloves whenever coming into contact with blood, urine, feces, or vomit
 2. Wear gloves while preparing food
 3. Wear gloves when touching dirty linens
 4. Properly cleaning and sanitizing the home
 5. Teach patients to wash hands before meals and after using the restroom
 6. Teach patients to place used needles into sharps containers
 7. Teach patients to sneeze and cough into a tissue
6. When should gloves be changed? **Select all that apply.**
 1. When they have ripped or torn
 2. When visibly soiled
 3. When moving from a dirty to a clean area on the patient's body
 4. After handling body fluids such as blood, feces, urine, or vomit
7. Water temperature should always be checked prior to bathing a patient. Which of the following is the temperature at which water should not be above?
 1. 105 degrees Fahrenheit
 2. 200 degrees Fahrenheit
 3. 150 degrees Fahrenheit

4. 110 degrees Fahrenheit
8. **True or False:** When bathing a patient the Home Health Aide/Personal Care Aide should move from areas that are dirty such as the genital or anal area to clean areas such as the face.
9. **True or False:** It is important to provide privacy for the patient during bathing and dressing.
10. **True or False:** It is okay to leave areas under skin folds such as under breasts or the abdomen wet after bathing. Drying the skin doesn't help prevent infection or skin breakdown.
11. **True or False:** When cleansing the genital area of a female, the Home Health Aide/Personal Care Aide should wipe from back to front.
12. Back rubs may be offered to a patient for which of the following reasons? **Select all that apply.**
 1. Stimulate circulation
 2. To help the patient relax when stressed
 3. Promote sleep
 4. Relaxation of muscles
13. Which of the following types of dressing changes may Home Health Aides perform?
 1. Sterile dressing changes
 2. Clean dressing changes
 3. No dressing changes
14. Which of the following dressing changes may Personal Care Aides can perform?
 1. Sterile dressing changes
 2. Clean dressing changes
 3. No dressing changes
15. **True or False:** When shaving a patient, the Home Health Aide/Personal Care Aide should shave in the direction of hair growth.
16. **True or False:** Gloves should be worn while shaving a patient as there is a risk of the patient bleeding.
17. **True or False:** Toenails should never be cut by a Home Health Aide/Personal Care Aide.
18. **True or False:** For patients who are unconscious or unable to drink, mouth care should be performed every two hours.
19. **True or False:** When cleaning dentures, a towel should be placed at the bottom of the sink to prevent breakage of the dentures.
20. **True or False:** When applying compression stockings it is okay to leave wrinkles in the stockings and they should be so tight that the patient complains of pain.
21. When cleaning catheter tubing, how should the Home Health Aide/Personal Care Aide clean the tubing?
 1. From the lowest part of the tubing up to the urinary opening
 2. From the urinary opening down the tubing
 3. The tubing should never be cleaned
22. **True or False:** The Home Health Aide/Personal Care Aide should hold the catheter tubing with one hand while cleaning with the other to prevent damaging the patient's bladder.
23. **True or False:** Catheter tubing should always be checked for kinks and urinary drainage bags should be kept below the level of the patient's bladder.
24. **True or False:** When using a bedpan or urinal most patients find it easier to eliminate in a sitting up position.
25. Put the steps for applying a condom catheter in order.
 1. Apply skin protectant to the shaft of the penis and let it dry
 2. Remove the old condom catheter by rolling it from the base of the penis to the tip

3. Check the tubing for kinks and that it is securely attached to the drainage bag
4. Roll the new condom catheter from the tip of the penis down the shaft, leaving a 1” space at the tip of the penis.
26. **True or False:** The Home Health Aide/Personal Care Aide should offer toileting and a glass of water to patients every two hours when turning and positioning.
27. Which of these areas are high-risk for development of pressure ulcers? **Select all that apply.**
 1. Back of the head
 2. Elbows
 3. Ankles
 4. Sacrum
 5. Coccyx
 6. Hip
28. **True or False:** Pillows should be placed under bony prominences after positioning a patient to help prevent pressure ulcers from developing.
29. **True or False:** To ensure patient safety, bed wheels should be locked, the bed kept at its lowest position and side rails raised.
30. **True or False:** When performing tasks such as bathing and positioning a patient, the Home Health Aide/Personal Care Aide should raise the bed to waist level to avoid having to overextend or bend their back.
31. When ambulating a patient, how should the Home Health Aide/Personal Care Aide position themselves?
 1. Behind the patient and push the patient forward
 2. Behind and to the side of the patient, supporting their back
 3. Walk in front of the patient to encourage them to walk faster
 4. Take a break and let the patient ambulate independently
32. **True or False:** When assisting a patient to a standing position and during transfers, the Home Health Aide/Personal Care Aide should count aloud to 3 and use a rocking motion to inform the patient when the transfer will occur and to help give their body momentum.
33. Which of the following is the best position to place a patient for eating, drinking, and taking pills?
 1. Supine
 2. Fowler’s
 3. Prone
 4. Lateral
34. **True or False:** When picking up and handling an infant, the head, neck, and back should always be supported.
35. **True or False:** Babies are good about regulating their own body temperature and care does not need to be taken to keep them warm and dry.
36. Which is the proper position to keep a baby in when placing them in their crib?
 1. Supine
 2. Prone
 3. Lateral
 4. Fowlers
37. **True or False:** It is okay to leave a baby or child in the bathtub if they are in a bath seat to answer a phone call.
38. Which of the following are rights of medication administration?

1. Right Patient
2. Right Medication
3. Right Dose
4. Right Route
5. Right Time
39. In what way may a Home Health Aide assist with medications?
 1. Administer medications
 2. Assist with reminders, read medication labels, and provide positioning and a drink
 3. They may not assist at all
40. In what way may a Personal Care Aide Assist with medications?
 1. Administer medications
 2. Assist with reminders, read medication labels, and provide positioning and a drink
 3. They may not assist at all

[Check your answers!](#)

Post-Test Answers:

- 1 True
2. All are times when hands should be washed
3. False
4. All
5. All are ways to break the chain of infection
6. All are times when gloves should be changed.
7. A
8. False
9. True
10. False
11. False
12. All are reasons to offer a back rub
13. B
14. C
15. True

16. True
17. True
18. True
19. True
20. False
21. B
22. True
23. True
24. True
25. B, A, D, C
26. True
27. All are areas of high risk for pressure ulcer development
28. True
29. True
30. True
31. B
32. True
33. B
34. True
35. False
36. A
37. False
38. All
39. B
40. C

[Return](#)

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