Learning Guide
Supporting personal care

23386 Support a person to meet personal care needs in a health or wellbeing setting  

Level 3  5 credits

Name:

Workplace:
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Introduction

This learning guide is about providing personal care and supporting a person with a disability or impairment to carry out daily tasks. It is also focused on enhancing ability and maintaining independence.

How to use your learning guide

This guide supports your learning and prepares you for the unit standard assessment. The activities and scenarios should be used as a general guide for learning.

This guide relates to the following unit standard:
• 23386 Supporting personal care (level 3, version 4).

This guide is yours to keep. Make it your own by writing notes that help you remember things, or where you need to find more information.

Follow the tips in the notes column.

You may use highlight pens to show important information and ideas, and think about how this information applies to your work.

You might find it helpful to talk to colleagues or your supervisor.

Finish this learning guide before you start on the assessment.

What you will learn

This topic will help you to support a person with activities of daily living, including:

• supporting a person with personal cares in accordance with the personal plan.
• supporting a person with daily tasks with in their current functional ability.
• identify and use preferred communication methods in supporting a person.
• understanding the person’s rights, preferences and independence.
Providing personal care

A personal care provider is an individual that assists a person, with an impairment or disability, with the activities of daily living. As a support worker you may be tasked with helping a person carry out routine daily activities with as much client autonomy as possible. The role of a personal care provider is an important one and the responsibility to support a person with disabilities is significant. Personal support must be given with respect for the dignity of the individual, must follow the personal plan and must include all members of person’s professional care team, that is doctors, nurses, psychologists, nutritionists, family, whānau, and other team members.

As a support worker you are responsible for your wellbeing as well as the wellbeing of the person you are supporting. It is your responsibility to look after personal hygiene, the hygiene of the person, the cleanliness and safety of the person’s living area and safety of the individual in all environments in which you provide care. You must be able to communicate effectively and support the person to meet their desires, wishes and goals, while also adhering to the personal plan and essential health choices and daily living requirements.

Standard care services could include simple tasks such as, meal preparation, laundry, cleaning, and minor repairs. More involved support might include preparing or teaching tasks for everyday living; assistance with eating, drinking, grooming, dressing, and bathing. Advanced care could include pressure care, bowel and bladder management, and managing stress. These topics will be covered in detail later in this learning guide.
Holistic needs

When assisting a person with their personal care it is essential to consider all of their needs. It is not only important to look after basic physical needs; you must also support a person with a more holistic approach.

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

- physical needs.
- emotional needs.
- mental wellbeing.
- spiritual wellbeing.

An individual’s personal plan gives an outline of services the support worker should provide.

Physical needs

This relates basic needs of personal health including making sure the person has proper nutritional intake and ensuring that support for physical impairment are taken care of as well, for example, the maintenance of a clean and healthy body.

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

Emotional needs

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

This includes being accepted, feeling in control, feeling valued and respected, being loved and being included.
Mental wellbeing

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

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

Spiritual wellbeing

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

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

When assisting a person with personal care you must consider their rights. It’s important to make sure you:

- respect each person as an individual.
- maintain their privacy.
- communicate effectively.
- obtain informed consent before carrying out/supporting care.
- provide a service of an appropriate standard.
- encourage the person to do as much for themselves as possible, therefore maintaining their independence.

Supporting a person with personal care is one of the most challenging things for a support worker to learn to do.

A person may need support with personal care because of:

- a medical condition that affects how they live.
- a physical disability that affects their ability to move around or live.
- pain due to their medical condition or impairment.
- a sensory impairment that affects their ability to see or hear.
- an intellectual impairment that affects their ability to make decisions.
- depression or other mental illness that affects their ability to care for themselves.

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

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

- control their body movements.
- make decisions about their needs.
- feed themselves.
- behave.
- look after their own health and skin.
- control their need to go to the toilet.
- give or receive instructions.
Write

Read a Personal Plan for one of people you support and identify two specific personal care tasks you support.

For each task identify how you have supported their needs and personal wellbeing:

- mental wellbeing.
- physical needs.
- emotional needs.
- spiritual wellbeing.

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

**Personal care task #1**

Mental wellbeing:

Physical needs:

Emotional needs:

Spiritual needs:

Other need or explanation:

**Personal care task #2**

Mental wellbeing:

Physical needs:

Emotional needs:

Spiritual needs:

Other need or explanation:
Test your knowledge

Think about a person you support and provide the answers below.

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

<table>
<thead>
<tr>
<th>What does this mean?</th>
<th>How do you do this now?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respect</td>
<td></td>
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<tr>
<td>Dignity</td>
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<tr>
<td>Privacy</td>
<td></td>
</tr>
</tbody>
</table>

What are other factors you may need to consider?
Four steps to providing support

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

- plan.
- prepare.
- support.
- complete.

Plan

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

- read the service delivery plan.
- what does the personal plan say you need to do to support this person?
- find out what the person can do and how you can support them by talking with them.
- find out their preferred method of delivery for support.
- ensure you have had training to use any equipment that is needed.
- talk to the registered nurse and/or other staff to ensure you know what the expectations of care are.
- be aware of the person’s needs as a whole. For example, the person’s daily planned activities may influence how you provide support.

When you are supporting an individual with their personal care, always start by looking at the personal plan. You can then prepare the area by setting out the things you and the person will need. You should be trained to use any equipment you need to carry out the personal care.
Prepare

Preparation is essential to personal plan success. Having all equipment, the environment, yourself and the person you providing support ready to carry out daily tasks, is important and you must:

- make sure you have all equipment and other necessary materials to complete the task. For example, make sure the bathroom is warm and uncluttered, towels and linen ready, enough toiletries to complete task, and clothing ready for when showering is completed.
- prepare the environment, for example, putting ‘engaged’ signs on the door and a bath mat on the floor.
- prepare yourself by putting on protective equipment if necessary.
- make sure any equipment that you need to use is working.
- prepare the person by explaining what you’re doing and gaining consent when appropriate.

Prepare the area where you will be conducting personal care by putting items you will need within easy reach.
Support

Support means to provide the person with mental, physical, emotional and spiritual needs required to conduct all activities.

When conducting all activities you must support the individual by:

- respecting their choices.
- respecting their privacy.
- maintaining confidentiality.
- allowing the person independence where possible.
- ensuring the person is safe.
- performing the task by supporting the person with the personal care they require, not crossing boundaries and being overbearing.
- trying to see things from the person’s point of view.
- Communicate using their preferred methods of communication and language.

Please remember the person’s individual culture, beliefs and preferences.

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

Following up or completing the task is just as important as carrying the task out, as it could meet the needs/requests of the person, could require you to adhere to safety regulations and it could be necessary for overall personal care.

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

Follow up or finish off after the activity:

- clean up and make sure the area is clean, tidy and safe
- ensure the person is safe and comfortable and has any personal items they may need.
- put up wet floor signs.
- dispose of used linen or clothing.
- put any items used away.
- report when necessary. Did you notice any changes in the person’s condition? This may mean checking the personal plan and talking to the person you support.
- talk with the person to see if there is anything they would like done differently next time.
Supporting a person with personal care

Supporting a person with personal care can be carried out on many different levels from supporting someone to do laundry, to supporting an individual to shower, to managing their catheter care.

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

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

Ask the person (or family member, if appropriate) what support they would like to have and how you can assist.
Physical conditions

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

A physical condition is the everyday circumstance that is considered to be ‘normal’ or expected of that individual. For example, if Steve’s has asthma and wheezes or breathes heavily on a regular basis, you could look for changes that are outside Steve’s normal parameters.

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

Physical condition changes may include:

- more breathless than usual.
- bruises and skin tears.
- swelling of hands and feet.
- rashes.
- going to the toilet more or less frequently.
- appearing to be in pain, moaning when moving, whining, wincing.
- not eating or drinking.

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

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

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

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

What is physical condition?

What sort of changes might you be looking out for?

Why is it important to maintain good physical condition?
**Functional ability**

Functional ability is what the person is currently able to do independently. On a daily basis we perform, what we consider, simple tasks such as getting out of bed, taking baths or showers, using the toilet, getting dressed, eating, etc. Our functional ability allows us to engage in a number of activities throughout the day. Although these seem to be simple and not very difficult to carry out for most of us, they can be challenging for those faced with a disability or impairment. This means that the person may have the inability to perform basic tasks due to aging, illness, accident or other conditions.

Functional ability could be directly related to:

- sensory impairments, for example, hearing or vision.
- cognitive abilities, for example, delays in processing speed, which could be strongly related to older adults.
- physical impairments, for example, an inability to move purposefully within their environment, decreased muscle endurance, strength control or mass, inability to perform an action as instructed (could also be related to cognitive functioning).

Your role as a support worker is to encourage the person you support to do as much of the task for themselves as they are able and then support the person to complete the task if necessary.

To support a person effectively you need to know what the person is able to do and with what they need support. Listening to the person and following the personal care is essential to providing the best care possible.

Getting to know the person you support is the most important thing to do.

Your organisation will also have **policies and procedures** that inform you of how you should be supporting the person with their personal care.
For example, a person may be able to wash the top half of their body, but due to poor balance and flexibility can’t reach the lower half of their body. Care is needed then to support them with this task.

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

When you provide personal care you need to think about:

- why you are doing the task.
- how you are supporting the person.
- ways you encourage independence.
- what are the expected benefits.

When supporting a person you need to ensure you:

- treat them with dignity and respect.
- support and encourage their independence.
- protect their privacy as much as possible.
Preferred methods of communication

As a support worker it is important to remember that the person you are supporting has their own different and preferred method of communicating. Specific communication wants and needs should be addressed in the person plan and all health professionals involved in the plan should be aware of those preferences. It is also important to ensure that additional support is available if required.

Methods of communication could include:

- preferred spoken language
- signs.
- symbols.
- pictures.
- writing.
- object of reference (this could be objects that initiate the beginning of a task)
- repetitive behaviours including schedules.
- other non-verbal forms of communication.
- human and technology aids of communication.

Regardless of the preferred method of communication the person you support needs to be encouraged as each point to do as much for themselves as possible to maintain independence and physical and mental ability.

As the support worker you need to be aware of communication cues, which are actions or behaviours that indicate the communicator’s thoughts and feelings. You will also need to ensure the person is receiving the communication, through patience and using a variety of methods to ensure understanding.

Some individuals will use or require advocates or interpreters to enable them to express their views, wishes and feelings and to speak on their behalf. These professional supporters will be identified in the personal plan and will be part of the person’s health professional team. However, if you begin to have a difficult time understanding or making clear your communication it may be time for a more formal intervention and you may need to seek the assistance of your organisation or other health professional.
Providing personal care

Personal care can be basic or daily cares or can be more involved support and include showering, bathing, toileting, dressing and/or undressing, eating and drinking and other similar activities.

As stated before, some of the people for whom you provide support will need assistance with personal care because of an impairment or a health need.

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**Personal care can involve all processes to keep the body clean and healthy.**

- Showering
- Bathing
- Eating/Drinking
- Hair care
- Nail care
- Oral hygiene
- Aural care
- Hair care
- Toileting
- Continence care
- Oral hygiene
- Nail care
- Shaving
- Dressing/undressing
- Applying makeup
- Cleaning a peg head site

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Clean and healthy body

Personal care is to support the person’s needs to help them maintain a clean and healthy body. These can include:

- aural care.
- hair care.
- toileting.
- continence care.
- oral hygiene.
- nail care.
Personal care to keep the body clean and healthy includes:

- showering, including bathing or sponge bathing.
- going to the toilet, including the use of equipment needed to help a person, such as hand rails or continence equipment.
- mouth care, including brushing teeth and gum care.
- hair or skin care, including keeping skin healthy and nails clean.
- dressing/undressing, including the person choosing which clothes to wear.
- eating or drinking, including any equipment or special diet needed by the person.

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

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

**Oral hygiene**

Oral hygiene personal care includes:

- brushing teeth.
- dentures care and placement.
- dealing with mouth ulcers and cold sores.
**Teeth**

Ask the person about how they brush their teeth. If possible they should be encouraged to do it for themselves and only with assistance as required. Assistance may be required or suggestions could be offered. For example, “Can I put the toothpaste on the brush for you?” is something you could ask a person with muscle weakness.

Be sure to talk to the person about their preferences for this task. If possible they should do it for themselves, with assistance as given as required. Also remember that they could change their mind and it is important to make sure that their wishes have remained the same.

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

When providing person care, make sure that you conduct you task using all four steps of providing support. This will help you ensure that you provide the best care possible while looking after the needs and safety of the individual.

**Preparation**

**Gather equipment:**

- toothbrush and toothpaste.
- floss and floss applicator.
- mouthwash.
- gloves.
Support

Brush teeth as you would for yourself or a child.

- Take care not to apply too much pressure as many elderly or disabled people have fragile gums and/or cheeks.
- Use circular, horizontal and vertical motions

Floss using a floss applicator.

- Take care not to push too hard onto gums between teeth.

If mouthwash is available, read the directions before administering.

- ensure it is diluted to the right strength before it is used.
- gargling may be difficult, especially if the person has a swallowing impairment.

Complete

Once you have completed the task ensure:

- all equipment has been cleaned and returned for storage.
- you clean the person if necessary.
- the area is clean, tidy and safe for the person
Dentures

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

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

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**Preparation**

**Gather equipment:**
- toothbrush and toothpaste/denture cleaner.
- gloves.

**Support**

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

**Clean the dentures.**
- apply toothpaste to the toothbrush and brush using circular, horizontal and vertical movements
- be sure to brush both sides of the plates as food can catch in these areas and cause pressure points that may result in discomfort or ulcers.
Rinse plates well before reinserting in the person’s mouth.

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

**Mouth ulcers and cold sores**

Ulcers and cold sores are very painful and must be treated with care, both for yourself and for the person you are supporting.

A doctor may prescribe ointment for treating these conditions. Over-the-counter ointments are also available from a chemist. However, it is best to consult a doctor or registered nurse that understands the person’s condition before applying any type of medication.

Organisation’s policies and procedures may enable you to support a person with their topical ointments. If you support your person to apply ointments, follow the guidelines for applying topical ointment(s):

- read the directions.
- apply the specified amount to the end of one of your fingers, and from there to the affected site. DO NOT rub in unless specified in the instructions.
- advise the person not to rub, suck or in any way remove the ointment.

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

There may be other aspects of oral hygiene personal care that you want to know about. Please ask your supervisor or a registered nurse to help you to extend your experience.
Dressing/undressing

Dressing and undressing a person can be incredibly personal and special care should be taken to observe the dignity, respect and personal requests of the individual.

Dressing and undressing personal care tasks include:

- tying shoelaces.
- putting on underwear.
- making choices on what to wear.
- overcoming inappropriate choices.

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

When choosing clothing with a person bear in mind:

- the person’s wishes.
- their ability to dress themselves.
- their ability to toilet themselves.
- their ability to make appropriate choices.
- their ability to do up and undo buttons, zips and shoelaces.

It may be the person’s choice to wear shoes with shoelaces, even if they require assistance to tie the laces.

Where possible let the person you are supporting make the decisions required around dressing/undressing.

When supporting a person to get dressed, always check the clothing is the right size and not too loose or too tight.
Other guidelines for dressing and undressing personal care are:

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

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

**Can the person toilet themselves or do they need help?**
- some people may need help dealing with buttons and zips.
- some people may need help to place or remove incontinence products (discussed further in this learning guide).
Respect the person’s ability to make choices.

- for people who have difficulty making decisions or who may make inappropriate decisions, give two choices. For example, you could hold up a black jacket and a white jacket and get the person to indicate (point or say) which one they want.

- for those with less impairment, you may be best to make suggestions. For example, “You might like to wear a cardy to keep warm. It is cold today.” The person could then nominate which cardigan they would like to wear.

- keep choices to a minimum as too many options may be confusing.

Clothing should reflect the person’s:

- personal preferences.
- age.
- lifestyle.
- daily choices.
- Clothing should take account of the person’s independence. For example, velcro rather than buttons may mean the person can dress themselves.
Showering

Providing support for a person to shower also can be incredibly personal and special care should be taken to observe the dignity, respect and personal requests of the individual.

Showering personal care includes:

- ensuring each person has their privacy respected.
- ensuring the person feels safe, for example, burns and falls are a possible safety risk for which the support worker must be aware.

Sample showering checklist

<table>
<thead>
<tr>
<th></th>
<th>Assemble any equipment such as a shower chair, non-slip mats.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Assemble any other equipment such as towels, soap or lotion, face cloths for different areas of the body, shower cap, clean cloths, personal toilet articles the person prefers such as powder or deodorant.</td>
</tr>
<tr>
<td></td>
<td>Take the person’s equipment to the shower room and ensure the windows are closed and the room is warm.</td>
</tr>
<tr>
<td></td>
<td>Make sure the shower floor and stool are clean.</td>
</tr>
<tr>
<td></td>
<td>Ask the person how much help they would like when they are in the shower. Don’t assume you know best.</td>
</tr>
<tr>
<td></td>
<td>Help the person to take off their clothes if they need help. Please make sure that you ask first.</td>
</tr>
<tr>
<td></td>
<td>Check the water temperature.</td>
</tr>
<tr>
<td></td>
<td>Support the person into the shower (and sit on the stool if this is their preference). Wash the person’s back and then other areas such as legs as discussed/requested.</td>
</tr>
<tr>
<td></td>
<td>The person may prefer to do their own face, neck, hands, arms, underarms and shoulders.</td>
</tr>
<tr>
<td></td>
<td>Allow the person to shower as long as they are able/prefer.</td>
</tr>
<tr>
<td></td>
<td>Help the person to get out of the shower and wrap them in a towel or bath blanket to ensure their privacy.</td>
</tr>
</tbody>
</table>
Dry the person well including skin folds and difficult to reach places such as between toes.

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

Position the person comfortably in the chair.

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

Return all supplies to their proper places.

**Important tips**

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

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

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

Personal grooming personal care includes:
- shaving process, face and/or body.
- brushing hair.
- applying make-up.
- jewellery and other body adornments.

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**Personal grooming**

**Preparation**

Gather all necessary equipment before you start. This includes:
- razor.
- shaving cream.
- wash cloth.
- towel.
- gloves.

Prepare the area:
- making sure that the room you are going to use is warm and comfortable for the person.
Support

Carry out the shaving process by:

- warming water and applying cream or soap to a lather to the skin that is to be shaved.
- using a sharp razor carefully commence shaving the person, ensuring that you remove all hair from the area.
- checking that you have done this, feel over the shaved area with your hand. Ask your client to do the same as their hand will not be covered by gloves.
- finishing the shave, wash off excess lather and dry.

Many men like to wear aftershave. This can be applied once you have washed off the excess lather and dried the face.

If you have shaved a woman’s legs you might like to offer to apply moisturiser.

If during the shaving process a cut occurs, treat it as you would for any other cut by cleaning it and applying the appropriate dressings.

Complete

Tidy up the area and person after you have finished.

Hair

- Using your person’s own brush or comb. Brush their hair according to known hair style or according to their directions.
- This is a good time to inspect the person’s scalp for abnormalities such as lice, cuts or bumps.
- It is also a time you can find out more about likes and dislikes.
**Make-up**

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

**Jewellery**

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

- Fit properly.
- Have properly fitting clasps.
- Bracelets can catch on clothing or cut fragile skin.
- Hoop or dangling earrings can be grabbed by a person and can tear earlobes.
- Necklaces that are long or bulky can be a safety hazard. The person may grab or fiddle with them.
Think about what you know about personal care and how you deliver it.

Imagine that you are the person you are supporting. Look at the list of personal care support options and rank them according to how important they would be to you, with 1 being very important and 5 least important. In addition, say why it at that importance level.

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

<table>
<thead>
<tr>
<th>Ranking</th>
<th>Why is this important/ not important?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clean teeth</td>
<td></td>
</tr>
<tr>
<td>Daily shower</td>
<td></td>
</tr>
<tr>
<td>Matching socks</td>
<td></td>
</tr>
<tr>
<td>Brushed hair</td>
<td></td>
</tr>
</tbody>
</table>
What are the four steps to supporting a person with their personal care?

If you need to, go back to the section on ‘Four steps to follow’ to refresh your memory. List the four steps, then for each one write an appropriate example of something you do that illustrates the step in your work.

Step 1:

Example:

Step 2:

Example:

Step 3:

Example:

Step 4:

Example:
Write

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

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

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

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

Is the assistance Chris receives undermining his independence?

What would you choose to do if you were in Chris’s situation?
Fill in the table below.

<table>
<thead>
<tr>
<th></th>
<th>Describe something you would do to provide support</th>
<th>How would you encourage independence?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral hygiene.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dressing.</td>
<td></td>
<td></td>
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<tr>
<td>Grooming.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Showering/bathing.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eating and drinking.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Think of a time when you were supporting a person and you felt uncomfortable. What could you have done, or what did you do, to make the situation better?

Think of a time when you were supporting a person and you felt comfortable with the process, and your person was happy too. What did you do that made it a successful time for all?
Additional cares

These cares could be considered to be more advanced cares and require that you performed them under the direction and delegation of a health professional in accordance with your role.
Toileting

Toileting personal care includes:

- understanding the bladder and the bowel.
- awareness of frequency.
- observing hygiene practices.

For a number of reasons, a person may have difficulty with toileting.

This may be related to:

- difficulty recognising the need to go to the toilet.
- loss of control.
- difficulty getting to the toilet due to physical problems such as mobility.
- illness or frailty.
- environmental issues such as distance from or availability of the toilet.
- poor memory.

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

‘Going to the toilet’ is a term used to describe the need to urinate or defecate. This is a need to empty our bladder and/or bowel, but when we do it and how we do it can have a huge effect on the long-term health and function of these organs.

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

- drink well.
- eat well.
- keep active.
- take care of your pelvic floor muscles.
- practice good toilet habits.

**Emptying the bladder**

- urine is produced by the body continuously and stored in the bladder.
- the bladder is a hollow muscular balloon-shaped structure that sits behind the pubic bone in the pelvis.
- on average it holds about 350ml to 500ml of urine.
- as the bladder fills it relaxes to allow this gradual increase in volume before urine is passed out of the body.
- when urine is passed the bladder contracts the urethra and the pelvic floor muscles relax and the urine flows out.
- then the cycle of refilling starts again.
Emptying the bowel

- normal frequency of bowel toileting can vary from three times a day, to once every three days.
- while ‘holding on’ is good for the bladder as it helps keep it elastic and stretchy, it is bad for the bowel.
- it should only take a couple of minutes to completely empty the bowel.

Toileting activity usually requires several steps:

- moving to and from the toilet.
- positioning on and off the toilet.
- adjusting clothing before and after toileting.
- keeping the perineal area clean and dry without any leakage from the bowel or bladder.
- the person you are supporting may complete a toileting activity independently or with prompting.

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

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

- ensuring doors are closed.
- being are given private time to complete their toileting.
- the activity is undertaken discreetly.

Some key points for good toileting habits are:

- sit properly on the toilet, with feet firmly on the floor or, preferably, on a footstool approximately 15cm high. This helps to increase the hip angle, and a more natural squatting position.
- lean forward with a straight back.
- rest elbows on the knees.
- push from the waist by making your waist wide.
- relax and bulge the tummy muscles.
- breathe normally.

The perineal area is the skin surface in men and women located between the pubic bones and the tailbone.
Incontinence

As mentioned, incontinence is a lack of control and an inability to restrain natural discharges or evacuation of urine or faeces. Personal care includes:

- understanding continence/incontinence.
- hygiene practices.
- range of products.
- disposable or reusable products.

Understanding incontinence

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

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

- understanding skin.
- recognising problems.
- proper skin care procedures.

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

Increased damage may be caused by:

- external forces.
- pressure on the skin surface can cause damage to the blood vessels underneath, causing redness and skin breakdown.
- friction is wear and tear on the outer layers of skin through rubbing away of the surface.
- shear occurs when the skin slides but the underlying surface does not move.
- chemical exposure such as urine, faeces, leakage from wounds, lotions creams or ointments used in skin care, moisture.
- radiation such as from sunburn or treatment (for example, radiotherapy).
- micro-organisms which attack the skin (for example, fungi—such as athletes foot (tinea), and bacteria such as a wound infection.

The primary function of the skin is to:

- provide a barrier to disease.
- prevent dehydration through evaporation.
- help maintain body temperature.
- utilise vitamin D for the body.
- provide sensory feedback including as an alert to danger, for example, pain.
Skin is affected by:

- current health status.
- disease processes.
- age.
  - the number of sweat glands declines and the tissue becomes thinner.
  - as this padding is lost, a higher risk of skin breakdown secondary to pressure and friction exists.
- activity level.
- nutrition.
- medications.
- the skin changes with age.
- itching and dry skin are also common complaints.

The skin has **two** layers:

The **epidermis** is the outermost layer of the skin.

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

The **dermis** is located directly beneath the epidermis.

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

Reporting changes on a person’s skin is an important responsibility for support workers.
Always wear gloves whenever you may come into contact with body fluids. This is for your own protection as well as that of the person you support.

Unrecognised or untreated skin problems can result in:

- serious and permanent damage to the skin.
- make wounds slow to heal.
- affect the overall health and wellbeing of the person.

Changes that should be reported to your supervisor include:

- colour, for example, signs of redness or blotchiness.
- high or low temperature.
- Sensation, for example, the person reports having ‘pins and needles’ or a loss of feeling.
- pain.
- itching.
- hydration issues. For example—dry and cracked lips or moist areas, particularly in skin folds.
- tissue consistency. For example—firm, tight or slack.
- thin skin.
- oedema, for example, this may be an excess of fluid in the tissue which results in swelling.
- Induration, that is, the skin surface appears to be indented.

Healthy skin is intact skin with no visible evidence of injury or where there is a completely healed wound. This means the skin is free from nicks, cuts, scrapes, cracks, and rashes. Skin damage decreases the skin’s ability to act as a protective barrier. Dry skin is much more susceptible to damage. The goals of care are to protect and maintain intact skin through cleaning, drying and moisturising it regularly. Compromised skin is tissue exposed to potential injury or is in a weakened condition (for example, dry or thin).

Maintaining intact skin and improving tissue health is helped by regular cleaning, drying and moisturising. Support workers who assist people with personal care need to make sure that skin folds are dried carefully. In particular, this means in the folds of the groin, under the breasts, and any abdominal skin folds. Often, older people being supported are unable to reach their feet easily, requiring checks that the skin between the toes remains healthy. This area can become a focus for fungal infections, in particular, if not maintained in a healthy state. It is important to report any observation that the skin around the nails is reddened or discharging.
**Fluids/hydration**

Fluids and hydration care includes:
- how the body uses fluids.
- the effects of dehydration.
- increasing and maintaining fluid intake.

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

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

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

There are a number of different ways to get fluids into the body for example, sipper bottles.

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

Frail older people are at higher risk of poor hydration, including those who live in aged care facilities. Older people often feel less thirsty and relying on others to provide the necessary drinks can mean that insufficient fluid is taken in.
• An adequate fluid intake is 6-8 glasses or at least 1500mls of fluid each day. Many older people drink much less than this even though 700mls is insufficient to meet the body’s daily needs.

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

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

Mild dehydration can result in poor concentration, irritability, headaches and fatigue. In the older person this can also lead to increased confusion.

Start each meal with a glass of water

Offer a full glass of water when giving medications

Have jugs of cold water within reach as a visual reminder to drink

Offer visitors drinks and encourage them to have drinks with the person

Have a glass of water with each cup of tea or coffee

Have a visual record to keep account of all the drinks actually drunk

Use a sipper bottle, especially in hot weather

In residential care, do a fluid round to offer extra fluids morning and afternoon

Pay particular attention to those who are the most at risk of not getting sufficient liquid.

Offer a treat drink – a glass of wine or sherry, freshly squeezed juice
Supporting with appliances and aids

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

**Personal care involves supporting people with appliances and aids.**

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

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

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

The personal plan will tell you what personal care a person needs support with and how long they are likely to need it for.

In the context of this book, toileting includes more than using the toilet. It includes the use of continence products.
A support worker may help by:

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

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

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

**Products for toileting**

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

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

Check your organisation’s policies and procedures for disposing of incontinence products. Make sure you know what you are expected to do. Always wear gloves whenever you may come into contact with body fluids. This is for your own protection as well as that of the person.

A continence assessment is an important step for collecting information about bladder and bowel function.
Some of the actions which can help improve continence include:

- maintaining an adequate fluid intake.
- maintaining an adequate diet to prevent constipation.
- a pelvic floor muscle exercise programme.
- a bladder retraining programme (especially for urge and stress incontinence).
- a toileting routine.
- medication.
- continence aids (for example, pads, Uri domes or catheters).
- talking to a doctor or continence nurse about other treatment or options.

An assessment is likely to consider:

- how often the person goes to the toilet.
- how much urine is passed.
- what the bowel motions look like.
- how often and how much they leak from the bowel or bladder.
- what the fluid and nutrition intake is. Remember that hot weather will increase the body’s fluid needs.
- current medications.
- any other health problems.
- ability to perform self-care tasks such as toileting, dressing, getting to and from the toilet unaided.

The personal plan may require you to document/report this information as part of an ongoing assessment process. Management options for incontinence depend on the type of incontinence.
Continence products come in a variety of formats.

<table>
<thead>
<tr>
<th></th>
<th>Pads</th>
<th>Pull-up pants</th>
<th>Mesh pants</th>
<th>Wrap-around pants</th>
<th>Catheters with leg and night bags</th>
<th>Penis pouch</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Women</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Day</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Night</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Disposable</td>
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<td>✓</td>
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<tr>
<td>Reusable</td>
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<td>Long duration</td>
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</table>

**Bed protection products**

<table>
<thead>
<tr>
<th></th>
<th>Disposable sheets</th>
<th>Reusable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mac</td>
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<td>✓</td>
</tr>
<tr>
<td>Kylie</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Waterproof sheet</td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>
Catheter care personal care includes:

- changing bags.
- cleaning bags.
- day and night bags.

A catheter is a flexible tube that is inserted into an opening so that fluids may be introduced or removed.

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

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

Drainage bags come in two styles:

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

**Make sure** you only deal with catheters after **complete** training from a supervisor. Always wear gloves when handling the drainage bag.
Care of catheter

- Ensure that the person has an adequate fluid intake of at least two litres a day.

- Empty the bag by opening the valve at the bottom of the bag. Make sure that it is tightly closed once you have finished. The bag should be emptied at least every eight hours, or more if required.

- To help prevention of infection keep the drainage bag lower than the catheter at all times. This stops fluid flowing back up the catheter into the body.

- Infection can also be prevented by good hygiene such as regular washing of the groin area with soap and water.

- Watch for redness, pain and odour which may indicate infections. Any signs of infections should be followed up as soon as possible. Report to your supervisor.

- You may be asked to keep a record of the person’s fluid output. This can mean measuring the urine produced using a measure (such as a jug kept specially for this) or reading the measure on the side of the bag.
Ileostomy/Colostomy

There are two types of ostomies: temporary and permanent.

Temporary ostomy or stoma

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

Permanent ostomy or stoma

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

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

The part of the bowel affected determines the name of the ostomy:

- an opening from the colon is called a ‘colostomy’.
- an opening from the ileum (small bowel) is called an ‘ileostomy’.

Closed bag  Open bag
Stoma nurse

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

Flatulence

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

Education

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

Your role

As a support worker, you may need to support a person to check or change the bag. You may also need to follow the personal plan to care for the skin around an ostomy. Check your organisation’s policies and procedures.
Hearing aids

Hearing aids personal care includes:

- how to clean a hearing aid.
- how to fit a hearing aid.
- common problems.

There are different types of aids:

- in the ear/ear canal hearing aids.
- behind the ear hearing aids.

It is usual for full instructions to be given to the person with their particular hearing aid including specific information on cleaning. The aid may also come with its own cleaning kit. The cleaning instructions should always be followed.
Care and maintenance of hearing aids

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

- Difficulties with hearing aids should always be referred back to the supplier or health professional that fitted them.

- Support workers should not attempt repairs themselves, due to the sensitivity of the device. Water and solvent cleaning agents can damage electronic circuitry.

- Use a soft, dry cloth to clean the instruments whenever they are removed from the ears.

Hands should be dry and clean before handling the hearing aid.
Handle carefully, as the many tiny parts are quite fragile.

Remove any accumulated cerumen (earwax) daily.

- When using a cerumen removal tool (a brush or special tool provided with the hearing aid), always clean the instrument from below. This will prevent particles of wax or dirt from getting inside the aid.

- If the volume seems reduced, it may be due to the sound outlet or the cerumen filter being blocked with cerumen (earwax). Either replace the filter or ask your hearing health care professional for advice on corrective action.
Hearing aids should not be exposed to direct sunlight.
Do not leave hearing aids in a parked car or near heaters.
Animals can be attracted to the ‘whistling’ sound from hearing aids.
It is advisable to keep hearing aids away from animals and children!

**Remember to protect the aid from dampness.**

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

Please keep in mind that a person you support should avoid contact with hair spray or make-up when their hearing aid is in place. The fine particles produced by hair spray or make-up can easily block a microphone inlet. Hearing aids should be removed before using personal care products.

Store the hearing aid in its case and remember to remove the batteries if the aid is not going to be used for some time.
Some of the common problems people experience with hearing aids:

<table>
<thead>
<tr>
<th>Problem</th>
<th>Solution</th>
</tr>
</thead>
</table>
| The hearing aid does not work.             | • There is no battery. Insert a battery.  
• The battery compartment is not shut. Close the compartment.  
• The battery is dirty. Clean the battery surface.  
• The battery is flat. Insert a new battery. It is a good idea to keep a supply of spare batteries available. Store the batteries in a drawer, not in the fridge.  
• The receiver is plugged with wax. Gently clean as directed.  
• Check it is turned on.                                                                                                                                 |
| The volume drops.                          | • Low battery. Replace the battery.  
• The receiver is blocked with earwax. Clean with the tools provided. Change the cerumen filter if one is fitted.  
• Blocked microphone inlet. Refer to the supplier.                                                                                                                                                             |
| The instrument slips out of the ear or hurts the ear. | • The ear canal is wet or dirty. Wipe the hearing instrument and dry the ear with a soft cloth.  
• The instrument is incorrectly inserted. Remove it and re-insert it.                                                                                                                                 |
| The instrument is difficult to insert.     | • Place a small drop of non-irritating lubricant on your finger, and into the ear canal entrance before inserting the instrument. Ensure that no lubricant enters the receiver or microphone apertures.                                                                 |
| The aid whistles or beeps when in the ear. | • The hearing aid is not correctly inserted into the ear. Insert it again.  
• The aid is in the wrong ear. Insert it in the other ear.  
• The fit is too loose—consult the supplier. Sickness, weight gain or weight loss may affect the fit.                                                                                                        |
**Glasses/spectacles**

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

The personal care of glasses includes:

- how to clean glasses.
- how to fit glasses.
- common problems.

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

---

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

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

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

---

**Never lay glasses directly on any hard or abrasive surface that could cause scratches.**

Keep glasses in a case when they are not being worn for a long period of time.

---

**The screws for glasses frames can loosen over time.**

To maintain proper alignment, get the frames checked regularly and the screws tightened by the optometrist.
To avoid scratching, take care when cleaning the lenses.

- Clean the lenses and frames daily with warm soapy water or an approved lens cleaner and wipe clean with a soft COTTON cloth.

- Rinse, then gently dry the lenses off using a soft cloth.

- Be sure to hold the frame at the edge of the lens you are wiping. This will avoid unnecessary strain on the bridge piece of the frame.

- Anti-reflection coatings are commonly used these days and special care is required when cleaning to ensure a smear-free finish. Satin-like ‘micro cloths’ should be used for this purpose. Don’t use window cleaning products as cleaners with ammonia can damage the frame and lenses.

- Never wipe the lenses when they are completely dry, or use any paper products to dry your lenses, as the wood fibres can scratch.

Warm soapy water can be used to clean the frames.

If glasses have nose pads or a bridge, these can be cleaned by applying a soft toothbrush gently to the area.
Encouraging independence

For many people with disabilities, receiving assistance with personal care is not something they choose but is an essential component of their support if they are to lead full and active lifestyles.

Encouragement

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

Independence

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

Assistance

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

Your role

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

Remember:

That people’s abilities may change from day to day due to things like energy levels and enthusiasm. What someone did for themselves yesterday. They may not be able to do today. Knowing the person you are assisting with personal care and working together is critical.
**Think about**

**Mr Williams**

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

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

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

Mr Williams lives in a small town and two sons and a daughter and their families live locally.

His children have suggested several times that he sell the family home and come to live with one of them but he cherishes his independence.

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

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

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

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

Mr Williams also has other ‘niggling’ health problems, as he terms them. He has mild hearing impairment and recently he experienced an inner ear infection which has further affected his balance. He now needs to use a walking stick. He finds it difficult to use the walking stick while also pulling the shopping trolley he uses to bring home his groceries.
Mr Williams failed his last driving test and has relinquished his licence. He is on the waiting list for a cataract operation which he hopes he will have soon as it is affecting his ability to read. Despite his health issues, Mr Williams keeps a positive attitude and tries to live as full a life as possible.

---

**Personal plan**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Alfred Williams</td>
<td>27 Temuka Avenue, Geraldine</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone</th>
<th>Preferred name</th>
</tr>
</thead>
<tbody>
<tr>
<td>03 456 4345</td>
<td>Mr Williams</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender (circle)</th>
<th>Age</th>
<th>Funder</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>87</td>
<td>DHB</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Able to sign timesheets</th>
<th>Living situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Alone</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start date</th>
<th>Review date</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/03/06</td>
<td>12/03/07</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Language spoken</th>
<th>Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>New Zealander</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health problems relevant to support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stoke with weakness down right side</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nominated contact person/next of kin</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sally Bennett</td>
<td>Daughter</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact phone</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>021 123456</td>
<td>49 Mountain Rd, Temuka</td>
</tr>
</tbody>
</table>
### Service Details

**Package of Care** 14 hours per week

**Preferred Service Delivery Times**

<table>
<thead>
<tr>
<th>Day</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thur</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time am</td>
<td>8:00 (1 ½ hrs)</td>
<td>8:00 (1 ½ hrs)</td>
<td>8:00 (1 ½ hrs)</td>
<td>8:00 (1 ½ hrs)</td>
<td>8:00 (1 ½ hrs)</td>
<td>8:00 (1 ½ hrs)</td>
<td></td>
</tr>
<tr>
<td>Time pm</td>
<td>8:30 (½ hr)</td>
<td>8:30 (½ hr)</td>
<td>8:30 (½ hr)</td>
<td>8:30 (½ hr)</td>
<td>8:30 (½ hr)</td>
<td>8:30 (½ hr)</td>
<td></td>
</tr>
</tbody>
</table>

### Goal

**Goal review date** 12/05/06

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

### Goal ladder (steps to achieving goal)

<table>
<thead>
<tr>
<th>No</th>
<th>Sub goal</th>
<th>Date to be achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>To be able to walk into the bathroom on his own without moving aids.</td>
<td>2 weeks</td>
</tr>
<tr>
<td>2</td>
<td>To be able to undress independently while seated.</td>
<td>2 weeks</td>
</tr>
<tr>
<td>3</td>
<td>To be able to dress independently while seated.</td>
<td>3 weeks</td>
</tr>
<tr>
<td>4</td>
<td>To be able to stand in shower and balance while washing body, holding on to the rail for support.</td>
<td>6 weeks</td>
</tr>
<tr>
<td>5</td>
<td>To be able to dry himself.</td>
<td>6 weeks</td>
</tr>
<tr>
<td>No</td>
<td>Actions</td>
<td>Date to be achieved</td>
</tr>
<tr>
<td>----</td>
<td>-------------------------------------------------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>1</td>
<td><em>When standing up from chair, do 5 “sit to stand” exercises each time.</em></td>
<td>1 week</td>
</tr>
<tr>
<td>2</td>
<td><em>Assist with household tasks—start off by dusting window sills and waist height areas with right hand supporting.</em></td>
<td>1 week</td>
</tr>
<tr>
<td>3</td>
<td><em>Standing still, dust lounge windowsills.</em></td>
<td>2 weeks</td>
</tr>
<tr>
<td>4</td>
<td><em>Dust higher passageway window sills, reaching to shoulder height, reducing support from supporting arm.</em></td>
<td>3 weeks</td>
</tr>
<tr>
<td>5</td>
<td><em>Clean inside of lounge windows holding cloth in right hand.</em></td>
<td>2 weeks</td>
</tr>
<tr>
<td>6</td>
<td><em>When in shower, use right hand to wash upper body and face.</em></td>
<td>2 weeks</td>
</tr>
<tr>
<td>7</td>
<td><em>Increase walking daily by five metres—aim to get to mailbox without walking stick.</em></td>
<td>3 weeks</td>
</tr>
<tr>
<td>8</td>
<td><em>Shave with right hand.</em></td>
<td>2 weeks</td>
</tr>
<tr>
<td>9</td>
<td><em>Dressing—start sitting down and dressing top half. Remind Mr Williams to dress his right side first and initially dress top half when sitting.</em></td>
<td>4 weeks</td>
</tr>
</tbody>
</table>
### Mobility

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobility -</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>independent</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Balance poor. Only independent indoors.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limb weakness</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Weakness in right arm and leg</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to weight bear</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Use of transfer equipment</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>One/two-person transfer</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

**Comments**

*Mr Williams has poor balance although it is improving. The activities within the service plan will assist him to approve his balance.*

### Communication

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech impaired</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Hearing impaired</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Sight impaired</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Short term memory loss</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Long term memory loss</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>
Values and beliefs. Specific instructions for the support worker required to assist meeting either spiritual/ cultural/individual values and beliefs.

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

Risks

Fall risk, especially outdoors.

---

### Personal Care

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

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

Routine

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

Scenario

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

Alison reminds Barbara of things to prepare when showering someone:

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

They discuss Mr William’s personal plan. It includes:

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

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

They chat for a while and Barbara tells Mr Williams a bit about herself. Then Mr Williams says he will finish his breakfast before showering and won’t be long. Alison says they will get organised while he eats.

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

Barbara should have remembered that the personal plan covers Mr Williams’ goal and desire for independence. She should support him in his efforts.
Write

Read Mr Williams’ profile and personal plan and use the information from them and the scenario to answer the questions.

To answer, tick the box(es). There may be more than one possible answer for each question.

Question 1
As they are arriving at Mr Williams’ home, what are Alison and Barbara talking about?
- Personal plans.
- Planning a personal plan.
- Following up.
- Conducting.

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

Question 3
What are two things Alison and Barbara should be aware of because of Mr Williams’ stroke?
Question 4

What does Mr Williams prefer to be called by support workers?

- William.
- Mr Williams.
- Bill.
- Johnny.

Question 5

Barbara tells Mr Williams a bit about herself. What is she doing?

- Building rapport with Mr Williams.
- Empathising with Mr Williams.
- Interviewing Mr Williams.
- Making sure Mr Williams knows she can only spend an hour with him in the mornings, instead of an hour and a half.
Alison and Barbara collect toiletries, towels and a face cloth. Alison checks the water temperature and sets the mixer so that they only have to turn it on and let it run when Mr Williams is in the shower.

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

Alison helps Mr Williams to take off his clothes.

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

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

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

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

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

Alison then asks him what support he would like. He says he will wash himself and call out when he is ready to be helped to wash his hair.
Write

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

Question 1

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

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

Question 2

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

- By taking his clothes off.
- By taking his clothes off his good arm first.
- By giving him a towel to cover himself while getting undressed.
- By telling Barbara to turn her head and not look at Mr Williams while he was getting undressed.
As Alison and Barbara are making Mr William’s bed, he calls from the bathroom that he is ready for his hair to be washed.

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

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

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

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

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

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

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

The person has the right to choose what they are going to wear. Here Mr Williams receives assistance to put on the jacket he chose to wear.
Complete the form below using the following information.

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

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

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

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

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

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

**INJURY/ACCIDENT/INCIDENT REPORT**

<table>
<thead>
<tr>
<th>PERSON REPORTING INJURY/ACCIDENT/INCIDENT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Contact phone:</td>
</tr>
<tr>
<td>Job status:</td>
</tr>
</tbody>
</table>

**DETAILS:**

<table>
<thead>
<tr>
<th>Where accident/ incident occurred:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Time:</td>
</tr>
</tbody>
</table>

**WHO WAS INVOLVED?**

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact phone:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
</tbody>
</table>

**OTHER PEOPLE INVOLVED?**

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact phone:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Position/relationship:</td>
</tr>
</tbody>
</table>
Write

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

**Question 1**

Why does Alison put on gumboots, gloves and an apron when washing Mr Williams hair?

- [ ] To protect Mr Williams from infection?
- [ ] As a safety measure to help prevent slipping on the wet floor.
- [ ] Because she likes to wear them.
- [ ] Because she doesn’t want to get her feet wet.
**Question 2**

By leaving Mr Williams to do up his buttons, what are Alison and Barbara doing?

- Being unkind to Mr Williams by making him struggle.
- Supporting his independence.
- Protecting his dignity.
- Giving themselves more time to tidy the bathroom.

**Question 3**

Why has Alison noted on an incident form that Mr Williams has a bruise?

- Her organisation’s policies and procedures require her to report any change in the health status of a person.
- So that the supervisor can put ointment on the bruise.
- Because Mr Williams’s doctor needs to know about his bruise.
- So Mr Williams can keep track of any other unexplained bruises.

**Write**

**Personal care**

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

**Option 1**

You can choose Mr Williams, the person from this learning guide.

or

**Option 2**

Choose a person you support in your workplace. If you take this option, please ensure you have a copy of the person’s personal plan and other relevant information.
<table>
<thead>
<tr>
<th>Questions</th>
<th>Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Think about the personal care tasks you do with the person. List the personal care tasks.</td>
<td></td>
</tr>
<tr>
<td>What can the person do for themselves?</td>
<td></td>
</tr>
<tr>
<td>How did you find out?</td>
<td></td>
</tr>
<tr>
<td>What do you need to support them with?</td>
<td></td>
</tr>
<tr>
<td>Does the person have a preferred way of doing tasks? Name the task and state the person’s preferences.</td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>How did you find this out?</td>
<td></td>
</tr>
<tr>
<td>How do you get the person’s consent to perform tasks?</td>
<td></td>
</tr>
<tr>
<td>How do you respect their privacy?</td>
<td></td>
</tr>
<tr>
<td>How do you respect their choice?</td>
<td></td>
</tr>
<tr>
<td>How do you encourage their independence?</td>
<td></td>
</tr>
</tbody>
</table>