



# HOMECARE

## CARERS REFERENCE MANUAL



Homecare  
Carers reference manual



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# 1

## Bathing a person

### Potential Requirements

<b>Bath/Shower</b>	<b>Soap</b>
<b>Warm Water</b>	<b>Comb/Brush</b>
<b>Face Flannel</b>	<b>Clean Clothing</b>
<b>Towels</b>	<b>Bubble Bath</b>
<b>Shampoo</b>	

1. Ask person of intended procedure and ensure the person can manage in and out of the bath whilst maintaining their and your safety.
2. Run bath – cold water first – ensure not too warm for person.
3. Ensure privacy and close windows to keep heat loss to a minimum.
4. Wash hands and apply gloves and apron.
5. Remove clothing ensuring person dignity.
6. Ensure person test's water before fully immersing.
7. Assist person into bath or with the use of bath aids.
8. Starting from top assist person to wash and rinse hair.
9. Wash top half of body, face and back and rinse.
10. Wash feet and legs and also between toes.
11. Finally wash genitalia/bottom area with a separate cloth, if support required.
12. Assist person out of bath/shower. Dry. Use talc/deodorant if preferred by the person.
13. Assist person to apply clean garments.
14. If staying out of bed assist to chair. Attend hair, make up, jewellery, perfume.
15. Leave person comfortable.
16. Tidy up bathroom and dispose of dirty washing in an appropriate place.



# 2

## Catheter care

Cross infection may be transmitted by/to hands, due to poor attention to hygiene, resulting in contamination of drainage bags and the environment which can also cause unpleasant smells in the home.

### Catheter Care is a Clean Procedure

1. Wash hands – discuss procedure with the person.
2. Apply apron and gloves.
3. Wash genital area with soap and water using cloth or wipes and rinse/discard as appropriate.
4. Using new cloths, wash catheter with soap and water using downward strokes away from genitalia.
5. Ensure drainage system is intact and draining.

### Emptying Bag

This is also a clean procedure to prevent entry of infection into system.

1. Wash hands – discuss procedure with the person.
2. Apply apron and gloves.
3. Open outlet and allow urine to drain into suitable receptacle. Do not allow outlet to touch receptacle – risk of infection. Close outlet, dispose of urine down toilet, wash receptacle and replace. Discard apron/gloves, leaving person comfortable.

### Changing Bag

This procedure is also clean.

1. Wash hands – discuss procedure with the person.
2. Apply aprons/gloves.
3. Remove 'new' bag from packaging.
4. Have disposal bag available for 'old' bag.
5. Wash outlet area with soap/water and cloth, and dry – discard.
6. Remove 'old bag' and discard and insert new bag, ensuring drainage open, remembering to use 'non-touch technique' taught in training.
7. Leave person comfortable.

### Urine

Urine should be clear, straw coloured fluid.

Homecarers should report to District Nurse and Home Care Co-ordinator if urine is dark in colour, contains blood or is foul smelling also, if person complains of pain passing urine or abdominal discomfort. This should be recorded in the person's notes.



# 3

## Contenance care

Incontinence or involuntary expulsion of faeces or urine, is probably one of the most distressing experiences a person can have.

Incontinence occurs when there is a break in the normal cycle of brain – organ function allowing normal continence.

(eg stroke, brain tumour, brain injury, motor-neurone disease, injury to spine, bladder/bowel).

Incontinence is managed in a number of ways:

### **In-dwelling Catheters (Urethral or supra-pubic)**

This is a silicone tube inserted into the bladder, and held there by a balloon. The urine is drained into a bag which can be either attached to the leg or free standing, whichever is appropriate for the person.

### **External Catheters (Sheath)**

This is for the male patient. It consists of a sheath being applied over the penis and held in place which adhesive and then attached to a drainage bag that is preferred by person.

### **Pad and Pants**

This is much the preferred option and has fewer complications.

After assessment by Continence Advisor, a supply of pads and pants is prescribed for each person, according to needs.

These pads vary in absorption and are worn with special pants, or if preferred by person their own underwear. This system is worn 24 hours per day.

Complications:

### **In-dwelling Catheters**

Can become blocked and result in retention or urine leading to pain and discomfort for person. Can be noted by the absence of urine in catheter bag and swollen lower abdomen. This has to be reported to the District Nurse and Home Care Co-ordinator as quickly as possible to relieve discomfort and prevent further complications.

It can also by-pass (urine is draining from bladder around catheter). This results in the person being wet, it can be caused by some debris blocking the eyelet of the catheter in the bladder. This should be reported to Home Care Co-ordinator to be rectified. Catheters should be closed system and care taken to prevent infection.



Catheters are 'foreign objects' and as such can irritate the urethra/bladder, causing spasms (medication can relieve).

#### **External Catheter**

Person could be allergic to sheath or adhesive, causing skin problems.  
Pubic hair may become entangled in adhesive causing discomfort.  
If sheath is applied too tightly, it may cause swelling.  
Inability of sheath to stay in place for long periods of time.

#### **Pads/Pants**

Have few side effects but some people can have allergic reaction to pads. Pants can be too tight and cause problems around legs. Observe these areas. Make sure you know how to re-order pads.



# 4

## Eye Care

Eye care is the gentle swabbing of the area around the eye and is carried out to:

- a) Cleanse the area.
- b) To relieve pain and discomfort.
- c) To prevent infection.
- d) To prevent further injury to the eye.

### Problems

It is important to report problems to the Home Care Co-ordinator, GP or District Nurse.

- a) Inflammation
- b) Swelling
- c) Pain
- d) Discharge

### Points of Emphasis

It is important to prevent the spread of infection by taking the following precautions.

- a) Treat uninfected/uninflamed eye first.
- b) Swab from inner corner of eye outwards.
- c) Use a new cotton wool ball for each swabbing.

### Equipment

Receptacle (eg saucer)  
Cotton wool balls  
Lukewarm water  
Bag for disposing of used cotton wool balls  
Gloves

### Procedure

- Inform person of procedure.
- Person is positioned comfortably.
- Carers hand are washed and dried.
- Carer applies gloves.
- Pinch of salt is added to lukewarm water in cup.
- Cotton wool ball is dipped into salt solution and any excess removed.
- Carer wipe eye from inner corner outwards using only once and as often as required.
- Area around eye is swabbed dry.
- All equipment is disposed of.
- Person left comfortable.



# 5

## Diabetes

Diabetes mellitus is a condition in which the amount of glucose (sugar) in the blood is too high because the body cannot use it properly. Glucose comes from the digestion of starchy foods such as bread, rice, potatoes, sugar and other sweet foods.

Insulin is vital for life. It is a hormone produced by the pancreas that helps the glucose to enter the cells where it is used as fuel by the body. The main symptoms of untreated diabetes are increased thirst, going to the loo all the time – especially at night, extreme tiredness, weight loss and blurred vision.

**There are two main types of diabetes. These are:**

- **Type 1 diabetes**
- **Type 2 diabetes**

Type 1 diabetes develops if the body is unable to produce any insulin. This type of diabetes usually appears before the age of 40. It is treated by insulin injections and diet and regular exercise is recommended.

Hypoglycaemia (Type 1) can be caused by: increased medication, missed meals or too little food, increased exercise levels, alcohol or stress.

**Symptoms are:** sweating, headache, being irritable or aggressive (mood swings), confusion or lack of concentration, blurred vision and palpitations. Be aware that hypoglycaemia can also lead to unconsciousness and potentially coma.

**Action to take:** have a drink or some glucose tablets, or have a high carbohydrate meal or snack.

Type 2 diabetes develops when the body can still make some insulin, but not enough, or when the insulin that is produced does not work properly (known as insulin resistance). Type 2 diabetes is treated with lifestyle changes such as a healthier diet, weight loss and increased physical activity. Tablets and/or insulin may also be required to achieve normal blood glucose levels.

Hyperglycaemia is diagnosed as a blood glucose level of over 12.0mmol/L. It is caused by: under-treatment of diabetes or forgetting to take medication, too much food or the wrong type of food, infections and illness, reduction in usual activity levels, other medications such as steroid tablets and weight increase.

**Symptoms:** can be mild and unspecific, such as feeling tired all the time, excessive thirst, passing more urine than usual. Take steps to lower your blood glucose levels.

**Action to take:** if hyperglycaemia is not severe the symptoms can be accepted as 'normal' eg due to overwork or late nights.

The main aim of treatment of both types of diabetes is to achieve blood glucose, blood pressure and cholesterol levels as near to normal as possible. This, together with a healthy lifestyle, will help to improve wellbeing and protect against long-term damage to the eyes, kidneys, nerves, heart and major arteries.

### Treatment

Although diabetes cannot be cured it can be controlled:



1. Diet controlled Monitoring carbohydrate intake (bread, cakes, sugars, fruit).
2. Drug controlled Either by tablets or INSULIN. This also entails following a controlled diet.

### **Complications**

All diabetic persons should be encouraged to keep some glucose drink or sweets handy, if they should become hypoglycaemic (low blood glucose level).

### **Symptoms Of Hypoglycaemia**

Sudden onset faintness, hunger, weakness, tremor, headache, anxiety, confusion, sweating - (rapid pulse, convulsions and coma can occur) = (sugar taken – symptoms relieved). Person can often appear as if they had consumed alcohol (eg staggering, slurred speech).

### **Vascular Changes**

Atheroma and small vessel changes, cause effects in

- Kidneys
- Eyes
- Nervous System
- Skin

### **Causing**

- High Blood Pressure
- Swelling Limbs (causing poor mobility)
- Numb Limbs (causing poor mobility)
- Diabetic Gangrene

Any change in individual's skin, circulation or possible infections should be reported to GP, District Nurse and Home Care Co-ordinator for action.

### **Care of skin and feet**

Because diabetic people are more susceptible to infection and generally heal more slowly, special attention must be given to skin care.

Areas most likely to become infected are axillae, back of neck, groin, under breast and between toes. Wash and dry thoroughly. Any breakdown in skin or discoloration should be reported to GP, District Nurse and Home Care Co-ordinator.

Because persons with diabetes are more likely to suffer poor circulation special attention should be paid to feet and persons should have regular Podiatry care.

On no account should a Home Care Worker cut a person's toe nails.



# 6

## Hair Care

Hair care is very important as part of an individual's personal care needs. If hair is clean and well groomed this adds to a sense of well-being.

Hair requires to be attended every day. When carrying out hair care the homecarer has the opportunity to examine the person's hair and scalp.

If the carer discovers a scalp condition or they should inform the Home Care Co-ordinator.

Hair can be washed when lying in bed usually dry shampoo is used in these instances or when using the bath/shower.

When carrying out shampooing care should be taken to ensure that no shampoo comes into contact with eyes and that water is not too hot.

### **Washing Hair in Bath/Shower**

- Ascertain how the person wished their hair washed (eg in the bath). Check water temperature.
- Wet hair.
- Apply shampoo to palm of your hand and apply to person hair, massaging in a circular motion.
- Rinse with clean warm water.
- Repeat if necessary.
- Dry hair with clean, dry towel.
- Assist person to comb, dry and style hair as directed by person.



# 7

## Infection control/Hand Washing

Hand hygiene is the most important method of preventing the spread of infection.

It is no exaggeration to state that the lives of our persons depend on how and when we wash our hands.

(USA)

### Types of Skin Flora

By definition micro-organism eg bacteria, viruses are invisible to the naked eye. This factor may result in the failure of workers to recognise that their hands can be responsible for cross infection between persons.

There are two types of flora possible present on our hands:

#### Resident

Commonly called – Normal Flora or Commensals. Everyone has them. They live deeply in skin crevices, hair follicles, sweat glands and beneath finger nails. Their normal function is defensive, protecting us from more harmful germs. Do not cause harm in health people but persons with wounds, catheters and burns can become unwell after infection.

#### Transient

Acquired or deposited on skin from other people, equipment or environment. Does not normally grow on our skin and are easily destroyed by thorough, frequent washing. Some examples are: MRSA, SALMONELLA, CDIFFICILE to name a few.

### Hand washing

<b>When</b>	Before preparing, handling or eating food. After visiting the toilet. After routine tasks – person care (toileting, making beds, etc). Whenever hands are visibly dirty.
<b>Why?</b>	To make hands clean and to remove some organisms/bacteria.
<b>How?</b>	Soap and Water.

### Hygienic hand disinfection

<b>When</b>	Caring for persons with infections (eg MRSA). After contact with excretions/secretions. Before and after handling catheters/wounds. Before and after emptying catheter bags.
<b>Why?</b>	Use antiseptic to remove/destroy most organisms.
<b>How?</b>	30 seconds wash with an antiseptic soap.



## **Hand care**

1. Cover cuts etc with water proof dressing.
2. Keep nails short and clean.
3. No nail polish/false nails.
4. Always wear gloves when handling body fluids.
5. Wash and dry hands thoroughly.
6. If skin breaks down or dermatitis may be starting inform Home Care Co-ordinator.

## **Infection control**

### **Mecthicillin Resistant Staphylococcus Aureus (MRSA)**

Staphylococcus Aureus are the commonest type of bacteria, which can infect humans. About one third of the population are colonised with them. 'Colonised' means that the organism lives harmlessly on a person's skin or in the nose and does not cause any infection.

### **What Problems Can It Cause?**

Usually none. If it does resulting infection is usually trivial and affects the skins. For example infected cuts or boils.

SA is usually more of a threat to hospital patients with deep wounds, catheters or drips which allow bacterium to directly enter the body.

### **What is special about MRSA?**

MRSA acts in the same way as SA and causes the same range of infections. Most people who have it come to no harm at all. What makes MRSA different is that it is immune to antibiotics.

Some antibiotics are still effective but can cause side effects. That is why in hospital it is a cause for concern and why patients are isolated.

MRSA has been around since the 1960s and focus is now on Prevention and Control.

### **Are there any special precautions required?**

People with MRSA do not normally require special treatment after discharge from hospital.

### **Precautions to Prevent Infections (including MRSA)**

- **Good hand hygiene by staff is the single most important infection control measure.**
- Gloves and aprons should be worn when dealing with procedures and disposal of body fluids.
- Cuts and sores should be covered with waterproof dressings.
- Equipment such as Commodes and bath chairs should be washed thoroughly with an antibacterial and water after use.
- Clothes and bedding should be machine washed.
- Cutlery and crockery dealt with in usual way.
- Routine screening of staff for MRSA is not required.
- Diagnosis of MRSA outside hospital is uncommon.

## **Scabies**



Is a skin disease caused by an itch mite. The female burrows under the skin, leaving a dark trail behind her and causing the skin to itch. It is by this trail that diagnosis is made. The mite

prefers the inner surfaces of the forearm and thighs, under the breast and between the fingers. But the rash can also be atypical. The burrow detects where the mite has been but not where it is.

There is a two sick week incubation period.

Staff require to inform Home Care Co-ordinator if they suspect persons or in fact themselves may have Scabies.

### **Treatment**

Staff must visit GP for treatment, which usually consists of two treatments, and they should refrain from work until after the first treatment which may be enough but occasionally a second treatment is given as a precaution.

### **Tuberculosis**

Tuberculosis or TB is an infection, which usually affects the chest (lungs) but can also, develop in other parts of the body. It is caused by a germ.

You may catch TB if you are in contact with someone who is coughing up the germ (it travels in the tiny droplets produced while coughing) but you would usually need close contact with someone with TB to become infected (24 hour or overnight stays).

BCG vaccination given whilst at school cover TB infection.

Following diagnosis of TB and after two weeks of antibiotic therapy, person becomes non-infective.

There is TB liaison nurses in Ayrshire and Arran who are responsible for contacting TB contacts at Boswell House, McArthur Street, Ayr.

### **Meningitis**

There are two types of meningitis:

#### **Viral**

Self resolving.  
No treatment required.

#### **Bacterial**

Streptococcal Meningococcal.  
Most Serious.  
Treatment Required.

The organism responsible is passed by mouth and antibiotic cover is usually given to family members to 'knock out' healthy carries. Visiting Health/Social Carers rarely affected.

### **Hepatitis**

There are two types of Hepatitis:

#### **Hepatitis C**

Rarely contracted, then can be contracted through exposure or bites.

#### **Hepatitis B**

Blood borne viruses. Vaccine available against Hep B.



## **Impetigo**

Is a skin disease produced by a form of streptococcus often in association with staphylococcus. It is largely a disease of children. The disease begins as a vesicle usually in the area of the mouth nostrils. It is usually a leaking wound and can be passed from wound to mouth. Hand washing is very important.



### Hand washing procedure using antiseptics or soap and water

This is the most effective way to ensure your safety and that of the other people you are looking after.

1. Wet hands and wrists thoroughly.
2. Foam lather.
3. Manoeuvre hands as illustrated: five strokes for each movement.
4. Rub wrists and forearms if required.
5. Rinse off all lather.



1 Palm to palm



2 Right palm over left dorsum  
and left palm over right dorsum



3 Palm to palm fingers interlaced



4 Backs of fingers to opposing  
palms with fingers interlocked.



5 Rotating rubbing of right thumb  
clasped in left palm and vice  
versa.



6 Rotating rubbing, backwards  
and forwards with clasped  
fingers of right hand in left  
palm and vice versa.

6. Dry hands thoroughly with paper towels.



# 8

## Assisting a person with meals

**Food is important to all of us to maintain good health. Food is:**

- |                                 |                                |
|---------------------------------|--------------------------------|
| a) Energy giving                | Fat<br>Carbohydrate<br>Protein |
| b) Body building                | Protein<br>Minerals            |
| c) Protective (against illness) | Minerals<br>Vitamins           |

Mealtimes are important and should be enjoyable, relaxing and unrushed.

**The homecarer should ensure that the person is:**

1. Seated comfortably at an appropriate place chosen by person.
2. Clothes should be protected from spillage by a napkin.
3. Person should be shown food before being cut up or mashed (as an attractive meal stimulates gastric juices and prepares the body for incoming nutrients).
4. Small mouthfuls should be given and a drink given between mouthfuls, allowing person to empty mouth.
5. After meal is finished, person should have face and hands washed and left comfortable.
6. Tidy up area and dispose of dishes/cutlery.

**Meals should be given according to personal plan initiated by Home Care Co-ordinator and can be:**

1. Normal diet – whether – Renal, Diabetic, Vegetarian and so forth.
2. Soft diet – eg macaroni cheese, scrambled egg, corned beef – for persons who may have slight swallowing problems.
3. Liquidised diet – for persons who have problems chewing and swallowing soft diet (eg after stroke).
4. Thickened fluids – this is required by persons who have difficulty coping with normal fluids and is assessed by a Speech and Language Therapist to determine correct consistency.

**Points to Note:**

1. Homecarers should report to Home Care Co-ordinator any decline in individual appetites.
2. Homecares should also report if persons may not be complying with dietary requirements.
3. Homecarers should be aware of assisting patients on liquidised and thickened fluids and should monitor their chest, listening for moist/gurgling sounds.

If this occurs, stop assisting immediately and seek medical assistance who will inform Primary Care staff for intervention.

**Serving of Meals**

1. Ensure hands clean.
2. Ask person what they would like to eat (if being prepared).



3. Prepare meal and beverage.
4. Ensure person seated comfortably and table is at correct height to allow person to eat with ease.
5. Place meal and beverage on tray/table along with appropriate cutlery and condiments.
6. The person may wish to be left alone to eat their meal.
7. Discreetly ensure person is managing meal and whether further assistance is required.
8. After consumption of meal, remove and dispose of dishes/cutlery, etc and ensure person left comfortable.

### **Aids and Equipment**

Aids and equipment are available from the Occupational Therapy Department. This makes life easier for persons and allow some independence, etc.

#### **Plate Guards**

Plastic collars that clip on to plate and allow food to be picked up easily.

#### **Plastic Dycem Mats**

Non slip mats which stop plates moving around tables etc.

#### **Cutlery/Cups**

There are numerous types of cups/cutlery appropriate for most disabilities.

The Occupation Health Department offers advice on a range of equipment, located at the Disability Resource Centre, Ground Floor, Burns House, Ayr.



# 9

## Administration of medicines

Homecare staff may assist people to self administer their medication.

Only medicines prescribed by a medical or dental practitioner should be administered to a person.

Home Carers can also assist persons to take over-the-counter remedies (eg cold remedies) but should not recommend them.

If the Home Carer suspects that a person is not taking his/her medicines as prescribed they should discuss their concerns with the individual and try to support them to take their medicines appropriately. If this fails the Home Carer should inform the Home Care Co-ordinator who will in turn contact the Social Worker/Care Manager to ask for a review. Concerns regarding mismanagement of medicines should always be reported to Home Care Co-ordinator.

### Level One Assistance

The person will retain full control of their medication. Home Carer need not be involved.

### Level Two Assistance

The level two person is responsible for the management of his/her own medicines but may require some help and consequently the Statement of Permission will be completed by the Care Manager.

### In accordance with Risk Assessment the following tasks may be carried out:

- Ordering prescriptions from the medical practice at the request of the individual. The person must indicate the medicines, dosages and quantities to be ordered. Re-ordering medicines should be recorded on the reverse of the Medication Chart.
- Collecting prescriptions from the medical practice and delivering to the pharmacy, where this is not provided by the medical practice.
- Collecting medication from the pharmacy, where this is not delivered.
- Confirming the reading of medication labels.
- Opening containers such as medicine bottles, removing tablets/capsules from strip packaging. Assistance with opening compliance aids may only be given if a pharmacist dispenses these.
- Removing unwanted medicines to the pharmacy at the request of the individual. The person must indicate those medicines to be returned and the medicine disposal form are completed.

Home Carer should ascertain which pharmacy the individual prefers and use this pharmacy at all times. How the pharmacist assist is discussed further in this document.

All requests for assistance other than those listed above must be reported to the Home Care Co-ordinator.

The Home Carer should record the person has taken their medication.



### **Level Three Assistance**

Before assistance can be given to a person at level three the Social Worker/Care Manager via the GP must undertake a review of medicines. All medicines must be prescribed with specific directions – the use of the term 'as directed' must be avoided and is unacceptable, and would mean that we cannot offer assistance.

**THE HOME CARER MUST NOT FILL COMPLIANCE AIDS.**



# 10

## Mobility

Mobility is important to all of us and allows us to go about our day-to-day activities. It keeps muscles and bones healthy.

When we lose this skill it makes life more difficult for us.

It is therefore important to stay as mobile as possible.

**Many aids are available to help persons remain mobile, eg:**

1. Walking stick
2. Zimmer Frame
3. Mobilator
4. Delta Frame
5. Tripod

This list is not exhaustive.

The person is assessed by physiotherapy staff and the appropriate aid/aids issued for use.

Homecarers should report to Home Care Co-ordinator any change in person's ability to be mobile and should promote independence, and encourage persons to retain mobility.

### Definitions

**Weight Bear** – person is able to stand and bear their weight while balanced and unsupported.

**Standing Balance** – person can stand with support for a short period only.

**Hoist** – if someone cannot weight bear and is immobile, a hoist may be required to support the person and ensure they and their carers are kept safe. Home Care Workers must contact their Home Care Co-ordinator if this is required, who will then raise with the District Nurse/Occupational Therapist.



# 11

## Mouth care

Mouth care is the process of cleaning the oral cavity. Healthy oral tissues depends on the mouth remaining clean, moist and free from infection.

Infection can occur when the amount of plaque and debris in the teeth are allowed to accumulate. Mouth care is therefore performed to prevent the build up of plaque and debris and to keep the oral mucous moist.

Predisposing Factors – resulting in problems with oral hygiene care are:

1. Inability to take adequate fluids.
2. Poor nutritional status.
3. Insufficient production of saliva – causing a dry mouth.
4. Lack of motivation towards maintaining own oral hygiene.

Method – Equipment Required:

1. Bowl or Cup.
2. Warm Water.
3. Pinch Salt.
4. Soft Toothbrush.
5. Toothpaste.
6. Dental Cleaner.



### **Procedure for Person Unable to Attend Own Mouthcare (Dependent)**

Inform person of procedure and ensure they have consented.

Add lukewarm water and a pinch of salt to the cup.

Apply gloves.

Remove any dentures that may be in place and put into container for washing.

Using soft toothbrush, dip into salt solution and gently cleanse inside the mouth.

Discard solution after use, clean dentures and rinse.

Replace dentures if person wishes.

Leave person comfortable.

### **Procedure of Person who Requires Assistance/and/or Prompting**

Inform person of procedure and ensure they have consented.

Apply gloves.

Remove dentures – clean in preferred solution by person (denture cleanser/toothpaste/water).

Allow person to rinse mouth to allow any debris under plate to be removed.

Return dentures to mouth.

### **Problematic Areas**

It is important to report any problems to the Home Care Co-ordinator.

THRUSH –White patches on the tongue and cheeks.

GINGIVITIS –Inflamed and bleeding gums.

Fitting or broken dentures/poor dentition and Mouth Ulcers.



# 12 Nebulisers

Nebulisers are machine that are mains operated and with tubing and masks allows the persons to inhale medicine so that it spreads quickly to the lungs to aid breathing.

Homecarers can assist persons in the use of nebulisers but not to load liquid medication in chamber.

The nebuliser only requires to be kept clean, by damp dusting, once per week.

The mask and chamber should be rinsed in warm water and left to air-dry after each use.

- It is normal for a little liquid to be left at the end (after 15 minutes use).
- Do not place mask or chamber in boiling water.
- Do not wipe filter.
- Protect nebuliser from spillages.

Mask, tubing and filter changed every 3 months by pharmacist. Compressor serviced every 6 months. Two new masks and tubing supplied every 2 years.

Information leaflet issued to persons from hospital.

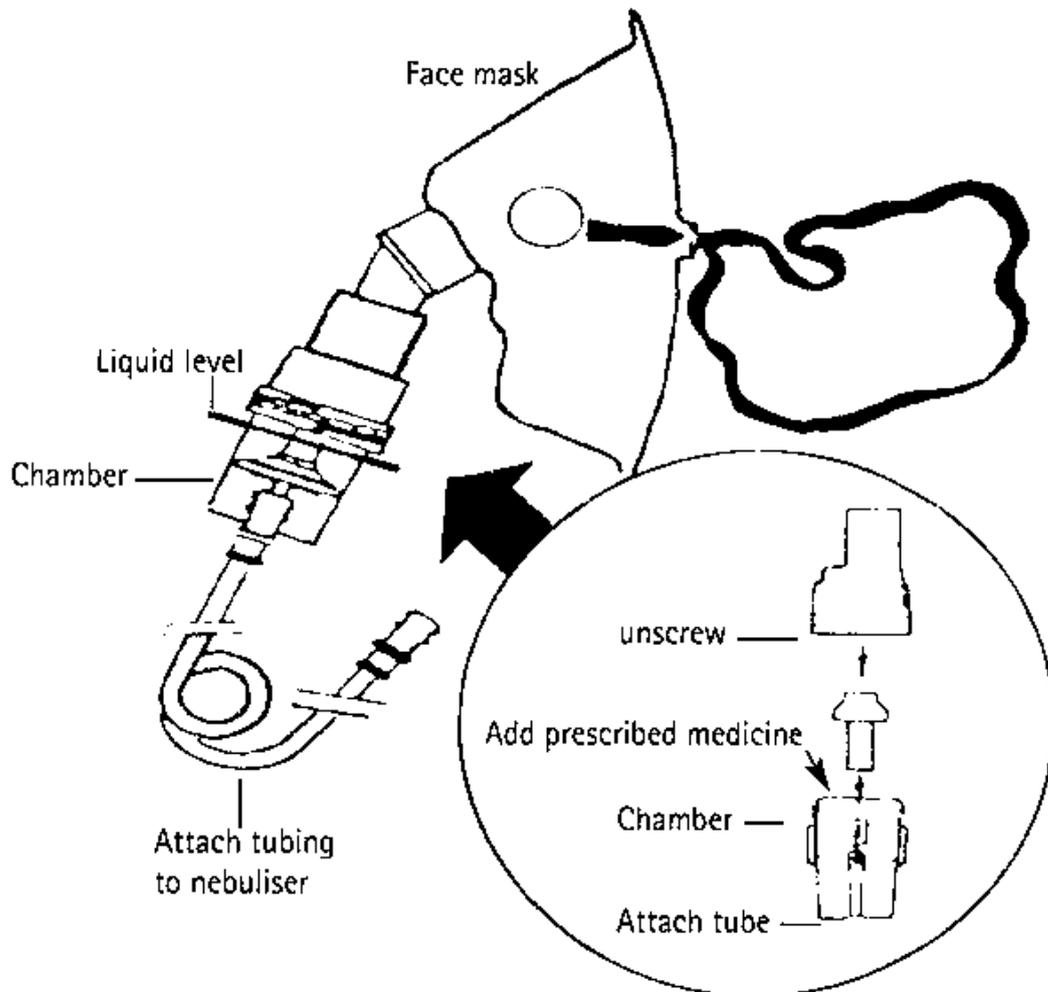
Pharmacist should be informed of damage or failures (or if dropped) in order to facilitate repair.

Carers should report to GP and Home Care Co-ordinator if persons complain of:

- Tremor
- Rapid Heartbeat
- No relief or breathlessness after use.



## Face Mask



Hold the steri-neb upright, twist off cap and squeeze the contents into the chamber. Screw the top back on the chamber.

## Oxygen administration

People require oxygen to maintain healthy breathing and metabolic processes of the body.

People with conditions such as chronic obstructive pulmonary disease, chronic respiratory failure and sleep apnoea may require oxygen therapy to keep them alive and to keep tissue healthy.

Oxygen is an odourless, tasteless and colourless gas, it is also highly combustible and a fire hazard.

People requiring home oxygen are prescribed the same by a registered medical practitioner (eg GP or hospital consultant).

### Necessary Equipment

Oxygen Cylinder:	Which last approximately 11 hours at a flow rate of 2 litres/minute.
Pressure Gauge or Cylinder Contents Gauge:	Indicates how much oxygen is in cylinder.
Regulator :	Which reduces pressure in the tubing and equipment and ensures a steady flow rate until cylinder empty.
Flow Meter or Selector:	Which can be regulated/set at 2 litres/minute or AL/min (high). Usually setting is 2L/min.
Tubing:	This is triple lumen tubing and comes supplied with the regulator often long strength of tubing – maintain safety re trips etc.
Mask or Nasal Cannulae:	Placed over face or nasal area and allows the oxygen to be utilised by the person.
Reduction Gauge:	Reduces the pressure to that of the atmosphere.
Inlet Connector:	Which attaches regulator on the cylinder.
Outlet Connector:	Attaches tubing on to cylinder.

Supplies of cylinders and masks are obtained from the person's local pharmacy, using a prescription from (eg) GP.

This equipment is delivered to the person from the pharmacy and a demonstration carried out on its use.

The amount of cylinders kept by persons depends on how much oxygen they use. Usually one in use and one for stand by.

The chemist is usually responsible for ensuring regular supplies are delivered.

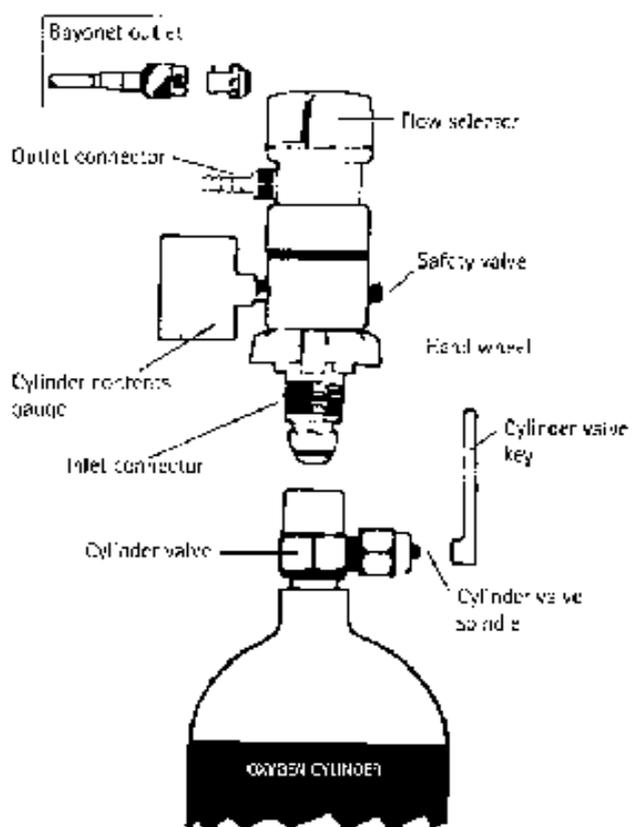
## REMEMBER OXYGEN IS HIGHLY FLAMMABLE



The mask is supplied with the regulator and has a long life span. It comes supplied with instructions.

Regulators are serviced approximately every 3 months by supplying company.

### Regulator of Oxygen Cylinder





### **Homecarers Responsibilities**

1. Ensuring the person has an adequate supply of masks/cylinders.
2. Assisting the person to operate the equipment.
3. Reinforcing safety/hazards information.

### **Procedure for Administration of Oxygen**

1. Mask should be fitted comfortably over nose/mouth and under chin.
2. Elastic strap is positioned around the patient's head and tightened to ensure a comfortable fit.
3. The flow rate of oxygen should be checked to ensure that it is prescribed by GP.
4. Ensure oxygen cylinder is adequate full and leave spare cylinder within easy reach.
5. As oxygen tends to dry mouth, ensure person has plenty fluids available or a sour sweet to encourage oral secretions.
6. Ensure ears, nose and around chin area are not red or skin broken.



### Potential problems and solutions

**1. Damaged Mask/Cylinder Low.**

Pharmacy to be informed and supplies will be delivered.

**2. Elastic Strap Around Mask Breaks**

Can usually be mended by pushing elastic through hole (use hairgrip/scissors) and knotting to keep in place.

**3. Failure or Breakage of Equipment**

Pharmacy should be informed to initiate repair or replacement. (Condensers have numbers on front of machine also).

**4. Skin Damage**

Around ears/nose/chin area should be reported to Home Care Co-ordinator for appropriate action.

E45 or KY Jelly can be used but **not Vaseline** (as this is an oil based production that can increase combustion).

**5. People May Become More Drowsy or Confused.**

Require medical advice, as they could become increasingly unwell and retain gasses.

### Safety Factors

1. Keep cylinders upright in a cool dry place.
2. Do not store near alcohol, paint, anti-septic (can cause reaction – FIRE).
3. Do not apply grease or oil to sticking valves (contact pharmacy).
4. Keep children away from equipment.
5. Ensure no smoke in dwelling.
6. Ensure family and friends are aware of dangers.

Individuals are given an information booklet from respiratory department.



## **Oxygen Concentrators**

Are usually recommended for people who use oxygen for 15 plus hours. They are mains operated.

It is a machine, which extracts oxygen from the atmosphere and delivers a constant supply to the person.

It has an outlet for tubing and mask and does make some noise (eg drone from fridge).

The person is supplied 40 meters of tubing, which allows for some ease of movement.

The concentrator flow level is set by the engineer upon delivery and cannot be altered from the outside.

The machine is serviced every 3 months and the meter at the back showing electricity usage is read. The person is then reimbursed for this usage.

There is a filter at the back of the machine, which collects 'fluff', which requires to be cleaned regularly by carers.

Cylinders are supplied for emergency use.



**DANGER**

No Smoking



No naked flame



**OXYGEN SUPPORTS COMBUSTIONS**

Oxygen should NEVER be used near a naked flame and nobody should smoke in a room where oxygen is being used.

Patients must NEVER smoke when using oxygen.

**THIS CAN KILL!**

In the event of FIRE, the fire service must be notified of the presence of oxygen in the house.



# 14

## Shaving a person

### Required

**Razor**  
**Shaving Foam**  
**Warm Water**  
**Towel**  
**Aftershave**

### Procedure

1. Gain permission from person/inform person of procedure.
2. Ensure privacy.
3. Place towel across patient's front under chin.
4. Wet face with warm water.
5. Apply shaving foam.
6. Using razor, gently shave skin by pulling the skin taut and using long strokes in direction of hair growth, taking care not to damage skin and rinsing razor in water between strokes.
7. After shave cleanse face with fresh warm water and face flannel.
8. Dry face – apply aftershave if person desires.
9. Clear away equipment and leave person comfortable.



# 15

## Skin Care

The skin is the largest and most visible organ in the body.

**Its chief purposes are:**

1. **Protection.**
2. **Sensory Perception.**
3. **Preservation of Water Balance.**
4. **Regulation of Temperature.**

Skin is affected by age. The skin of a baby is delicate, thin and vascular.

In an elderly person the skin undergoes atrophy (shrinkage) of underlying tissues and hardening of superficial arterioles (ie causes blood spots) that nourished the skin during youth. Sebaceous glands are less active and the skin is thin, dry and easily traumatised. Infections occur easily and are slow to heal.

Regular observation of the skin should be done when carrying out personal care tasks.

Observe for bruises, rashes, cuts, abrasions and breaks in pressure areas such as shoulders, base of the spine, elbows and knees.

Any changes in person skin should be reported to the Home Care Co-ordinator who in turn will take required action.

The applying of prescribed creams will be carried out for minor skin problems – eczema, pruritis (itch), urine rashes, which will improve persons comfort. Rashes should be washed with water, patted dry and barrier cream applied as prescribed.

Gloves should always be worn before applying any creams.

Skin should be kept healthy by regular washing/bathing and the use of a mild soap.

All areas of the body that require creams applied need to be assessed by a Community Nurse or Care Manager and directions (written) left for carers regarding area, length of treatment, side effects, how much should be applied and how to dispose of when treatment completed.

Home Carers can apply a dry dressing to a dry wound but cannot dress a moist or leaking wound. This would be in the District Nurses remit.



## **Skin Care of incontinent people**

Care of the skin is very important in the treatment of incontinent patients, regardless of management being used.

In-dwelling catheters cause irritation at point of insertion and can, on occasion, cause discharge/odour.

The presence of urine on the skin may also be irritating and cause odour/skin damage. External catheters are themselves irritating to the skin and prevent air from reaching the skin to dry it.

The perineal/genital areas should be washed thoroughly every day and appliances reviewed checking skin for rashes/redness or other signs of damage. Skin should be washed and dried thoroughly with water after each episode of incontinence.

Antiseptic/barrier creams may be applied if directed by Community Nurses/Care Manager and detailed in Care Plan.

All skin damage should be reported to District Nurse for prompt intervention.



# 16

## Washing a person

### Potential Requirements

<b>Water</b>	<b>Nail Brush</b>
<b>Soap</b>	<b>Toiletries</b>
<b>Face Flannel</b>	<b>Cloth for genital area</b>
<b>Towel</b>	<b>Clean Clothing</b>
<b>Comb</b>	

**Additional**                      **Clean bed linen (if bed is being changed)**

### Procedure

1. Inform person of procedure to be carried out/consent.
2. Encourage and assist if the person is able to manage some tasks themselves to maintain their independence.
3. Ensure person privacy by closing curtains, doors, close windows.
4. Wash hands and apply gloves and apron.
5. If condition allows lie person as flat as possible.
6. Support where required to remove clothing maintaining persons dignity whilst.
7. Wash and dry person's face, ears and neck.
8. Wash and dry arms, hands (nail care), trunk area.
9. Wash and dry legs and feet.
10. Wash and dry genitalia area (encourage person to do so if able) with a separate cloth.
11. Roll person on to their side and wash and dry back and buttock area.
12. If person is remaining in bed – bed linen can be changed at this point.
13. Roll person back on to their back – if person chooses talcum powder/deodorant apply at this point.
14. Assist person to apply clean garments.
15. If person is getting out of bed for the day assist person to rise and place in appropriate seating.
16. Assist person to apply jewellery, make up, hair care and leave comfortable.
17. Tidy up area and dispose of water etc.



# 17

## Stoma Care

<b>Ostomy</b>	An artificial opening on to the abdomen.
<b>Ileostomy</b>	Is an opening into the small intestine (bowel) through the abdominal wall to the outside.
<b>Colostomy</b>	Is an opening made into the through colon (large bowel) the abdominal wall to the outside
<b>Nephrostomy</b>	Surgical opening into kidney to allow drainage of urine.
<b>Ileal-Conduit</b>	Artificial opening on to the abdomen of ileum and urethras.

**All stomas have been assessed by specialist nurses and supplies of appropriate equipment procured. Most people deal with their stomas independently but now may be required to assist for other people.**

1. Stoma appliances are changed when required and certainly on daily basis.
2. Depended on system used by person, appliances may be required to be cut to size.
3. Wash hands, apply gloves, remove old appliance and dispose of.
4. Skin area around stoma should be washed with water and dried thoroughly.
5. Fit new appliance to ensure comfort.
6. Leave person comfortable.
7. Any deteriorating skin problems should be reported to the District Nurse immediately.

### Potential Problems

1. Breakdown of skin.
2. Diarrhoea.
3. Constipation.
4. Non-functioning stoma.
5. Herniation of stoma.

All above should be reported to Home Care Co-ordinator and can only be solved by Medical/Nursing intervention.



## Contact Details

Home Care Kyle  
Bistro Area  
Holmston House  
3 Holmston Road  
AYR  
KA7 3BA  
01292 614330

Community Care Service Unit  
Holmston House  
3 Holmston Road  
AYR  
KA7 3BA  
01292 612040

Home Care Riverside  
Bistro Area  
Holmston House  
3 Holmston Road  
AYR  
KA7 3BA  
01292 612047

Home Care Department  
22A Dalrymple Street  
GIRVAN  
KA26 9AE  
01465 715431

Home Care Department  
Municipal Buildings  
South Beach  
TROON  
KA6 7BE  
01292 316666

[www.south-ayrshire.gov.uk](http://www.south-ayrshire.gov.uk)

Policies and Procedures

Acquired Immune Deficiency Syndrome (AIDS)

Adoption Leave

Business Travel – Employee Information

Code of Conduct

Compassionate Leave

Dealing with Alcohol and Substance Abuse

Data Protection Code of Practice

Dealing with Gambling Addiction

Dealing with Grievances

Disciplinary Procedures

E-mail Procedures

Equalities Policy

Exit Interviewing

Flexible Working

Flexi-Time Agreements

General Statement of Health and Safety Policy

Guide to Temporary and Casual Working

Handling Violence and Aggression

Internet Procedure

Working Time Regulations

Policy and Operational Guideline in relation to the Local Government Pension Scheme and the Management of Early Retirement

Job Sharing

Managing Absence and Improving Attendance

Managing Change

Maternity Leave Requests

Maternity Support and Paternity Leave

Occupational Health Policy

Parental Leave

Policy on Noise and Vibration

Private Use of Council Vehicles – Operational Guidelines

Race Equality Policy

Reporting Concerns at Work

Race Equality Policy

Recruitment and Monitoring Procedures for Excepted Posts

Recruitment and Selection Procedures

Respect at Work – Harassment and Bullying

Training and Development

Transmittable Diseases in the Workplace

Travelling and Disturbance Allowances Scheme

Use of Council Telephone Facilities – Policy and Operational Guide

Working Beyond Age 65 – Policy and Guide

