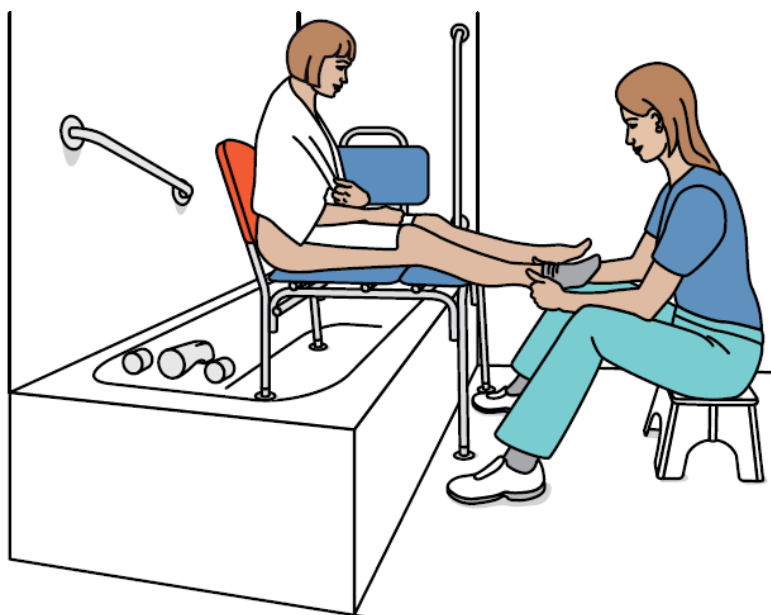


# **SAFE WORKING POSITIONS IN HOME CARE AND WAYS TO FACILITATE CLIENT INDEPENDENCE**



## **Add-on to PDSB – Home Care Workbook Section 9: Personal Hygiene Care in the Client's Home**

**L'Association paritaire pour la santé et la sécurité du travail  
du secteur affaires sociales (ASSTSAS)**

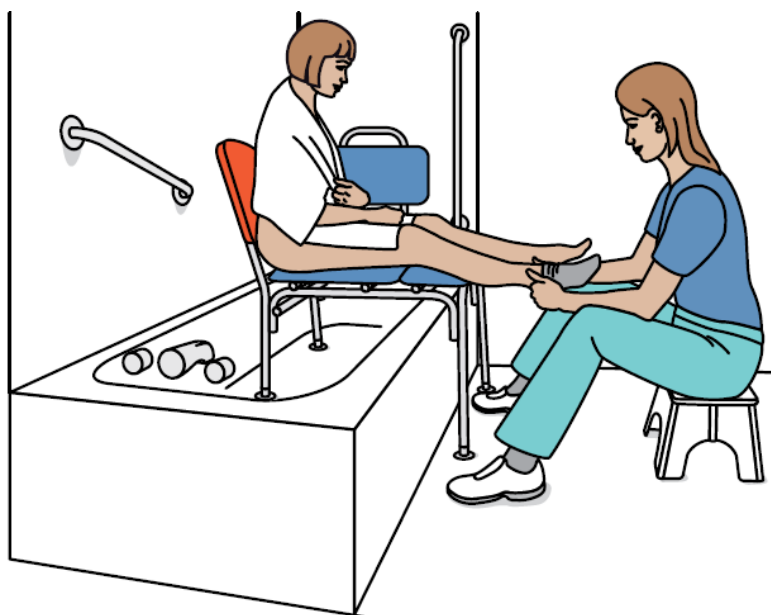
**Mission**

To promote preventive health and safety measures, in order to eliminate dangers at the source and, in a joint labour/management context, support the healthcare sector by offering consulting and information services, training, research and development activities to create a safe and healthy workplace for all.

**Joint sector-based structure and funding**

The ASSTSAS is a non-profit organization, managed by a general assembly and a board of directors consisting of an equal number of representatives from trade union associations and sector employer organizations. It is funded mainly through premiums collected from all employers in the health and social service sector.

# **SAFE WORKING POSITIONS IN HOME CARE AND WAYS TO FACILITATE CLIENT INDEPENDENCE**



## **Add-on to PDSB – Home Care Workbook Section 9: Personal Hygiene Care in the Client's Home**

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The reader is asked to understand when reading this document that for the sake of brevity, the term “worker” includes individuals of both genders. The use of “he/him” and “his” are to be understood in the generic sense that includes “she” and its related forms.

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## INTRODUCTION

This workbook on *Safe Working Positions in Home Care and Ways to Facilitate Client Independence* is the product of a cooperative effort between ASSTSAS (*Association paritaire pour la santé et la sécurité du travail du secteur affaires sociales*) and CLSC (Local Community Health Centre) staff members working together in programs designed to reduce occupational accidents.

Together with the PDSB Participant's Workbook, this document completes the *PDSB – Home Care* training program addressed to staff who coordinate and provide home care, particularly home care attendants. The program supports the mission of home care services: to restore, improve or maintain the autonomy of clients living at home.

Many home care workers are injured, particularly when assisting clients with personal hygiene care. They hurt themselves helping clients in and out of the bathtub, or trying to prevent falls by clients who lose their balance; they bend and twist their backs because bathtubs are low and bathrooms are cramped. Other risks include repetitive movements and strain involving the arms and wrists, neck flexion, and repeated squatting and kneeling, which can lead to joint problems over time.

The client's level of autonomy is an important factor for caregiver safety. Whatever the client is able to accomplish himself alleviates strain for the caregiver and reduces exposure to hazardous positions and overexertion. The client's autonomy level can be improved by reorganizing the client's living space, making equipment and accessories available, as well as encouraging maximum client participation, taking into account the client's capabilities. Caregivers who assist clients, to compensate for their disabilities, will also be able to use and benefit from the equipment and methods proposed in this document.

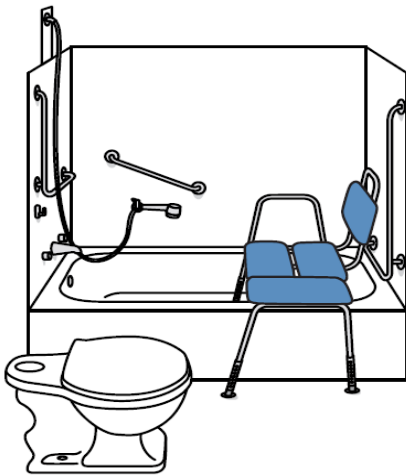
This workbook suggests ways to work using safe working positions when providing assistance with personal hygiene care in the bathtub, shower and bed, including helping clients get dressed. The information contained in this workbook can also be used with patients as a training, awareness and communication tool. Some of this information is available on the ASSTSAS website as data sheets which can be downloaded free of charge.

**This document focuses on positions which may at first glance appear to be harmless, but which in the long-term may lead to persistent pain and occupational injuries.**

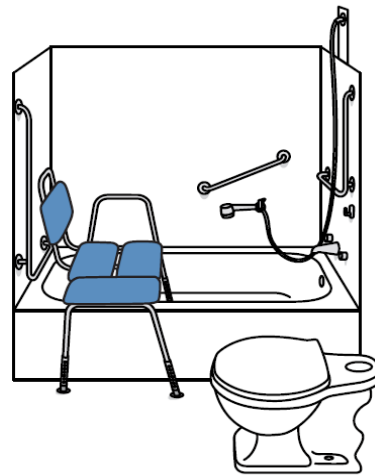
## The bathroom

The bathroom used in this document is typical of the installations commonly seen in apartment buildings and senior residences. All of the faucets, plugs and pipes (bathtub, sink, toilet) are located on the same side of the room, either on the left or on the right. This means that the toilet blocks access to the bathtub faucets, handheld shower, drain plug as well as the client's feet. For caregivers, this is a very awkward situation that highlights the benefits of the equipment and methods we will be suggesting in this document.

When teaching the client or family, you can reverse the illustrations in this workbook if the pipes and fittings are on the right in the family bathroom. The instructions for reversing the images are explained in detail in Appendix 1 (page 74).



**Original illustration**



**Illustration reversed to show faucet  
on the right**

## Symbols used in this workbook



**Refers to unsafe positions  
to perform the task.**



**Refers to safe positions  
to perform the task.**

## PART 1: PHYSICAL ISSUES FACED BY CAREGIVERS

### Onset and development of upper body injuries

The joints in the shoulders, elbows and wrists are made up of a number of structures (tendons, bursa, capsules, nerves) that may be injured suddenly (after an accident), in the long term as a result of overuse, or a combination of both. Injuries that occur suddenly are manifested first by discomfort, then by pain. The pain disappears after a period of rest, but may become permanent, interfering with activities of daily living. The progression of musculoskeletal disorder (MSD) symptoms often follows this sequence:

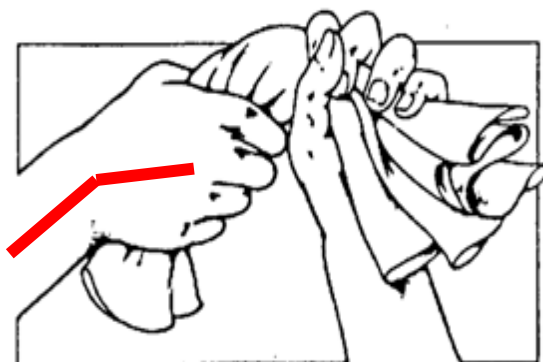
<b>Discomfort   ⇒   Fatigue   ⇒   Pain   ⇒   Injury</b>
---

The incidence, duration of discomfort or pain, and level of interference with daily activities are indications of the seriousness of joint impairment.

Progression of MSD symptoms with continued exposure		
Initially	With continued exposure	MSD
Discomfort, fatigue	➔	Discomfort, pain
Associated with certain work activities	➔	Occur even at rest
Disappear quickly after work	➔	Can interfere with work activities. Persist outside working hours. May cause nocturnal waking
Complete recovery	➔	Possibility of sequelae

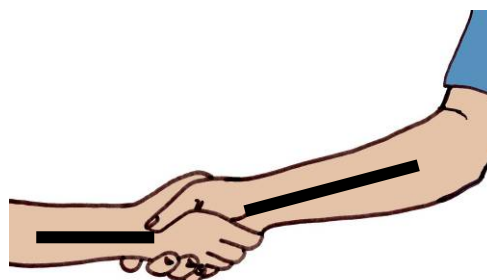
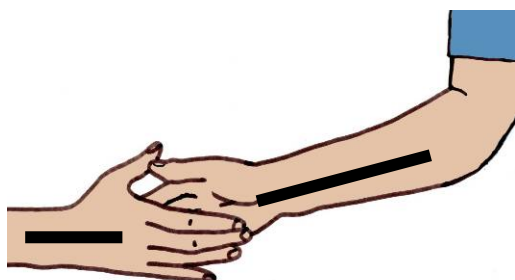
Certain activities can result in long-term joint damage :

- Repetitive movements involving hand rotation (wringing out towels, mops).
- Hand and wrist movements in positions approaching the limit of joint range of motion (hyperextension, hyperflexion, ulnar deviation (towards the little finger) and radial deviation (toward the thumb)).
- Excessive pressure on parts of the hand or wrist (e.g. from rubbing surfaces).
- Exertion while holding objects at arm's length.
- A combination of any of these factors.



Solution: keep wrists in a neutral position

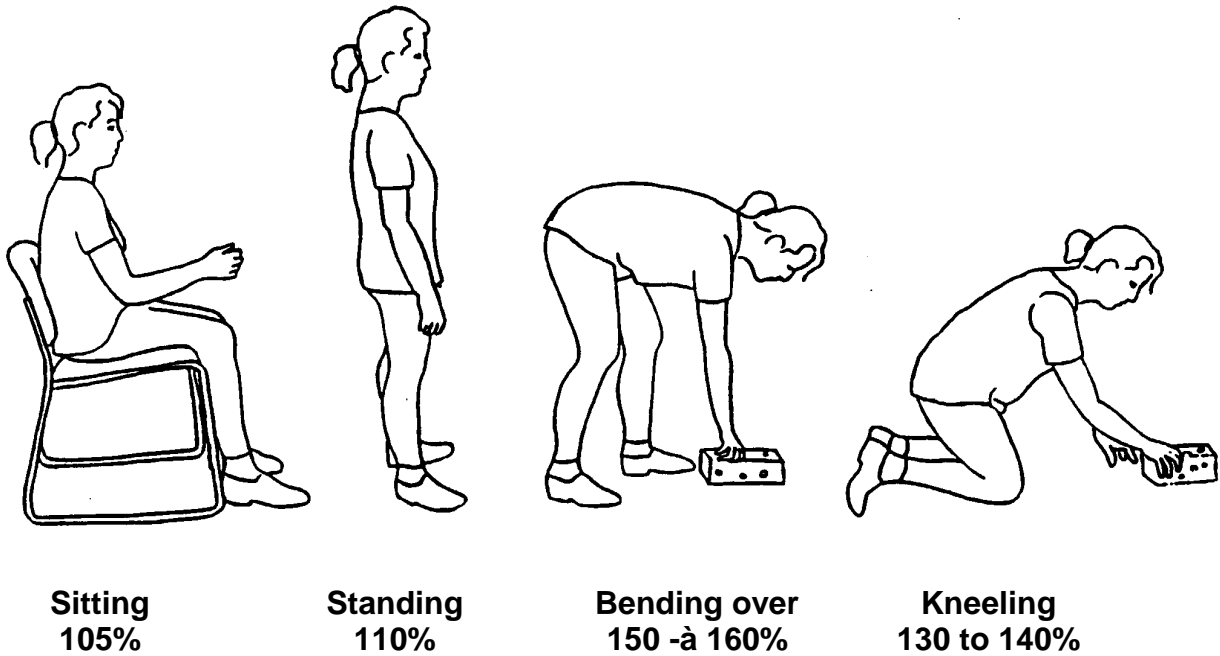
Working with your wrists in a neutral position means keeping them straight in a natural position (no flexion, extension or deviation).



**A good way to remember the neutral wrist position is to think of a handshake: thumb up and palm nearly vertical.**

## Energy expenditure by working position

Your working position greatly affects the amount of energy it takes to do your job. If lying down corresponds to 100%, here is how other common positions compare:



Squatting (not illustrated) is the position that takes the most energy to maintain and to stand up from.

## Knee injuries

Placing one or both knees on the floor or on a low surface is a good way to keep your back straight. However, frequent kneeling on a hard surface can lead to bursitis of the knee. Squatting increases pressure on the cartilage and is very stressful on the knees, ankles and feet.

### Prevention of housemaid's knee

It is very important to kneel on a soft surface: a folded towel does not provide enough padding. A soft rubber surface at least 2.5 cm (1 inch) thick is recommended (knee pads or cushion).



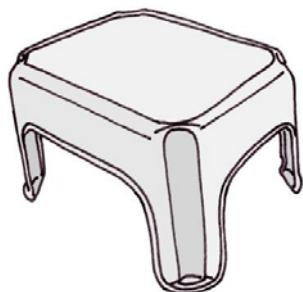
**Kneepads with Velcro straps**



**Gardening kneeling pad**

### Prevention of other knee injuries

Frequent squatting can injure other knee structures (tendon, meniscus, cartilage, joint surface, etc.). It can also lead to compression of the external sciatic nerve. Sitting on a stool is therefore preferable to squatting.

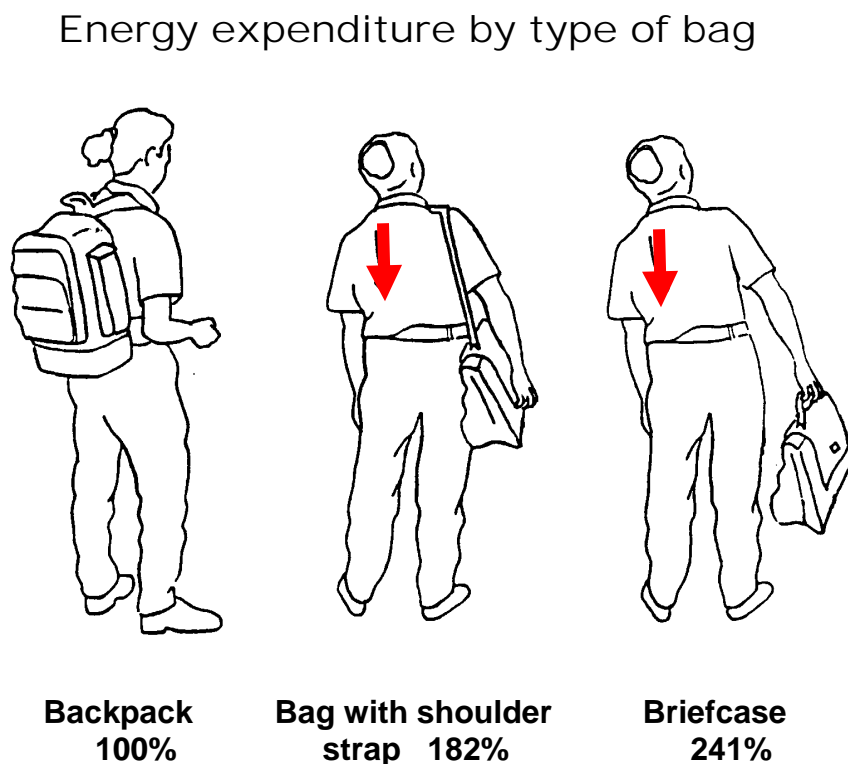


## Energy expenditure by type of bag

No matter how you carry your equipment or documents, the objective is to reduce the amount of weight you carry.

When you carry weight in your hand, the shoulder (rotator cuff) muscles stretch, becoming more vulnerable with the additional exertion. This can be prevented by using a backpack.

The following illustration compares the energy expenditure required by different methods of carrying loads, with a backpack calculated at 100%.



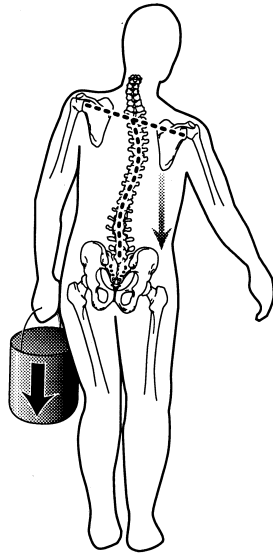
(Source : GRANDJEAN, Étienne. *Précis d'ergonomie*, Les éditions d'organisation, Paris, 1993, p. 26)

Quebec's Professional Order of Physiotherapists recommends using a backpack with the following features:

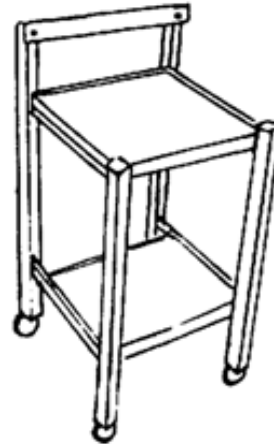
- Weighing less than 10% of your body weight
- Padded back and shoulder straps
- Hip, chest and side straps
- Adjusted to be worn at shoulder height
- Bottom of the bag 5 to 10 cm (2 to 4 in.) below the waist; bag pressed against the length of the back.

## Carrying a load asymmetrically

When working asymmetrically, especially when carrying a heavy load, some of the exertion is expended to keep your balance. Carrying a heavy object (grocery bags, pail of water, etc.) with one hand requires asymmetrical effort.



**When carrying something in one hand, the torso muscles on the opposite side of the load have to contract to support the torso and to keep it from being pulled down by the weight of the object.**



**Reduce exertion by using rolling equipment (table, cart, etc.).**

If you absolutely must carry the load manually, a better alternative is to divide the load into two containers. Each container will be lighter and this will allow you to work symmetrically.



## Bending and twisting your back while lifting a load

It is very dangerous to lift a load if there is something blocking your way (like the side of the bathtub) or if an obstacle (like the toilet) prevents you from working straight on (see: PDSB Participant's Workbook, Section 5: Risk Factors). In addition, a load at floor level should not exceed the upper weight limit indicated in Appendix 2 (page 75).



**Bending and twisting your back to lift a pail of water.**



**Straight back position using a hand-held shower.**

It is therefore in your interest to find a safer way to do the job. In the case illustrated above, you can use a hand-held shower to fill the bucket placed in front of you at knuckle level, while keeping your back straight, according to Appendix 2 (page 75).

## Ways to help your muscles recover

It is very difficult to provide home care without any strain, bending or flexing. While it is not possible to eliminate all awkward positions, it is possible to reduce their harmful effects by doing some simple exercises. The purpose of these exercises is to restore blood circulation and to relax contracted muscles.

### Active exercises

When	Slow movements	Number of times	Respirations
After each client	<b>Shoulder rotations:</b> <ul style="list-style-type: none"><li>• To the back</li><li>• To the front</li></ul>	<b>3 X</b> <b>3 X</b>	<i>Breathe in with the upward rotation and breathe out with the downward rotation</i>
Beginning of the day	<b>Shoulder rotations:</b> <ul style="list-style-type: none"><li>• To the back</li><li>• To the front</li></ul>	<b>5 X</b> <b>5 X</b>	<i>Breathe in with the upward rotation and breathe out with the downward rotation</i>
Mid-day End of the day	<b>Large arm circles*:</b> <ul style="list-style-type: none"><li>• To the back</li><li>• To the front</li></ul>	<b>5 X</b> <b>5 X</b>	<i>Breathe in with the upward rotation and breathe out with the downward rotation</i>

\* If you have been diagnosed with shoulder tendinitis, arm circles may be contraindicated. Check with your doctor or physiotherapist.

### Apply heat

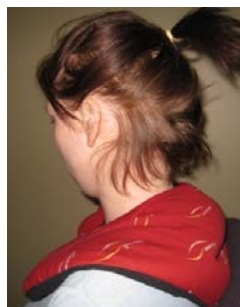
After work, apply a heated bag for 15 to 20 minutes or take a long hot shower to help your neck and upper back muscles relax. Use two different shaped heated bags to cover your entire upper back.



**45 cm (18 in.) bag around the neck**



**U-shaped bag on shoulders and upper back**



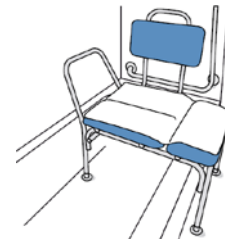
**Both bags used together**

## PART 2: TRICKS OF THE TRADE

Before looking at ways to help clients with personal hygiene care, here are some great tips from experienced caregivers to make your work and your clients more comfortable.

### Place a towel on the bath board or transfer bench

Placing a towel on the bath board or transfer bench will help the client slide more easily to the end of the bench.



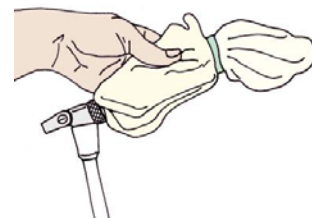
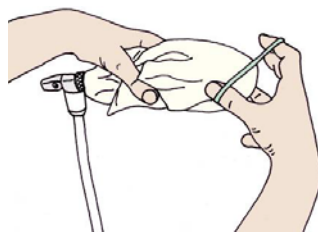
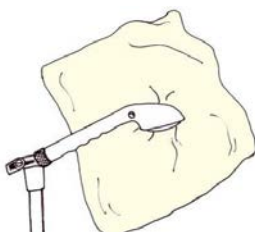
### Use a flutter board as a backrest

A flutter board can be used as a backrest to help the client sit right back on the transfer bench. It can facilitate foot care and help clients slide their legs over the side of the bathtub.



### Cover the shower head

The shower spray can be threatening to someone who is not used to it, particularly if the spray is strong.



**Solution: Cover the shower head with a washcloth, and attach it with an elastic band. This method has several advantages:**

- **The spray is more gentle and is always pointed downward.**
- **It reduces resistance from certain clients.**
- **reduces the risk of being sprayed if the client holds the shower head.**

## Wear a waterproof apron

If you wear a waterproof apron, you can stay dry, keep your back straight and stand closer to the client. A disposable apron is also a good way to prevent infection.



**Without a waterproof apron, you have to twist your back, while trying to hold the shower curtain with one hand and the shower head with the other, to avoid getting wet.**

---

## Put on the bathrobe from the front

This content has been removed.

## Use a bath mitt

A bath mitt is easier to hold than a washcloth, so it allows more clients to participate in their own personal hygiene care. With a bath mitt, you can also use both hands more easily. Consider changing hands when lathering the client in the bathtub or in bed as soon as you realize that you are twisting your back.

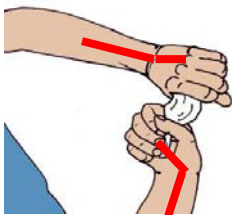


**Change hands so that you can keep your back straighter when reaching for the part of the client's body you are washing.**

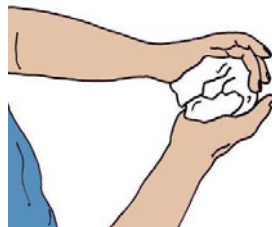
**Using a bath mitt makes it easy to change hands.**

---

## Squeeze out the washcloth in the palm of your hands



**Twisting can strain your wrists.**



**Ball up the washcloth in your hands.**



**Squeeze your palms together to press out the excess water.**

## Cover the client

Cover the client to make her feel more comfortable. This way, you won't be in a hurry to dress the lower body.



**Put on the client's robe from the front to cover the upper body while working on the client's legs and feet.**

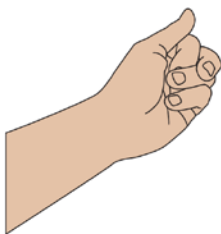


**Cover the client with towels while dressing the lower body.**

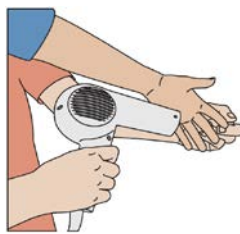
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## Use a hair dryer for more than just hair

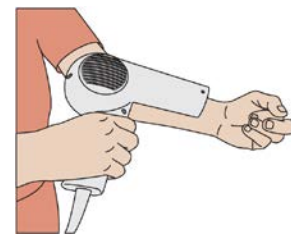
Some parts of the body are not only hard to clean, they are also hard to dry. For instance: hand contractures, deformed toes, the skin under the fatty apron, etc. The client may also be ticklish and react negatively when you try to dry him. Using a hair dryer set on a low temperature may be the solution.



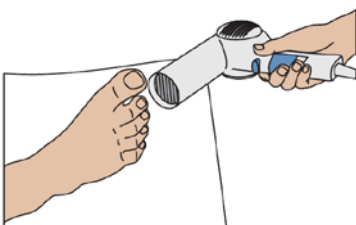
**Try to open the client's fingers and insert a washcloth to clean and dry the area.**



**Check the air temperature on your own hand and adjust it to make sure that it is comfortable for the client (not too hot).**



**Point the air flow toward the palm of the hand.**

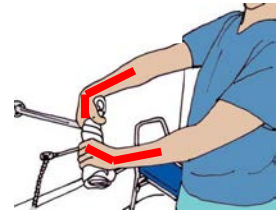


**Dry between the toes the same way.**

## An easier way to wring out towels

If you leave a towel on the bath board or transfer bench to help the client slide, it will quickly be soaked.

**Wringing out a soaking wet towel can be very hard on your wrists.**



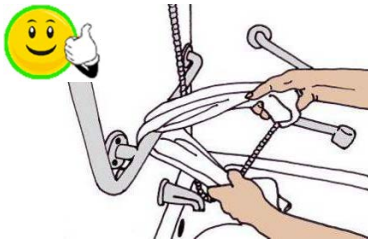
### Solutions

#### **a) Wring it out in the washing machine**

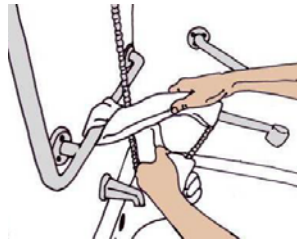
Place the wet towel and washcloths on a tray, empty them into the washer and turn on the spin cycle for a minute.

#### **b) Use the grab bar to wring out the towel**

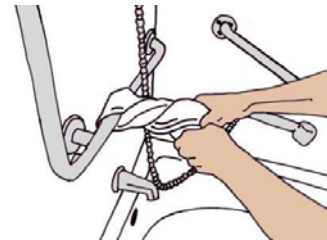
Twist the towel around the grab bar to remove excess water.



**Roll up the towel and loop it over the grab bar.**



**Cross the ends of the towel, changing hands as you twist.**



**Change hands several times until you can't twist anymore.**

## Spread out the towel



**Hanging the towel over the shower bar can be awkward for short caregivers.**



**Try hanging the towel over the towel bar or a bench instead.**



## PART 3: PERSONAL HYGIENE CARE IN THE BATHTUB AND SHOWER

### Safety rules for transfers to the bathtub

The side of the bathtub can be an obstacle when you are helping the client transfer in and out of the bathtub. The following rules are designed to make transfers safer for both the homecare worker and the client.

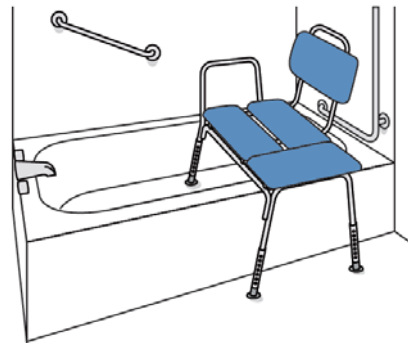
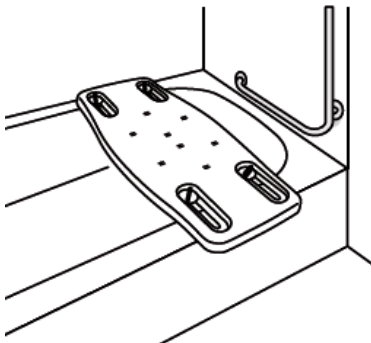
#### Rule no. 1

Standing in the bathtub is not recommended for people who have poor balance or coordination, who have lost some strength, who have cognitive problems and can't understand instructions, or who are unpredictable. In these cases, the client should get into the bathtub in a seated rather than standing position.

#### Rule no. 2

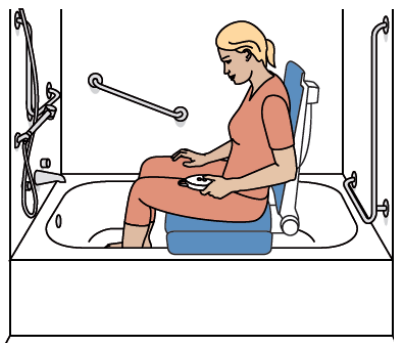
Anyone who is unable to get up out of the bathtub on his own should have:

- A fixed height bath seat so that he can sit down to shower.

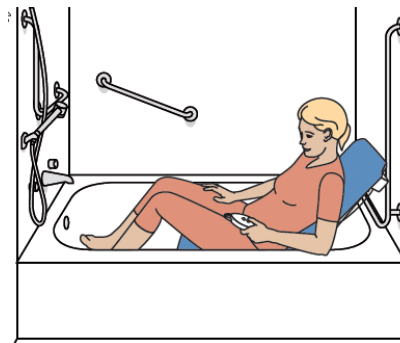


Or

- Lifting equipment to position him in the bathtub.



**Bath lift in the high position  
with straight backrest.**



**Bath lift in the low position  
with reclining backrest.**



## Safety rules for transfers to the shower stall

A shower stall is an efficient, practical place for providing personal hygiene care. However, because of the raised rim on the bottom of the stall, you can't stand next to a client who needs help standing up to get out of the shower. The shower door or curtain has to stay open, so water can splash on the floor, which is a safety hazard for you and the client. Your clothing and shoes also tend to get wet. The following rules can help make your work and these transfers safer.

### Rule no. 1

The client must be able to get in and out of the shower independently (in a seated or standing position). If not, special equipment is required.



### Rule no. 2

Permanent or movable grab bars must be available near the entrance to the shower stall for a client who transfers independently (see Appendix 3, page 76).

### Rule no. 3

A client who stands up to transfer independently should have a high stool with straight legs that fits into the shower stall for personal hygiene care in a semi-seated position (see Appendix 4, page 78).



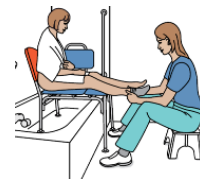
### Rule no. 4

The shower should be fitted with a half curtain to keep the floor dry and to allow you to help the client without getting wet (see Appendix 5, page 79).



## Conditions for safe working positions beside the bathtub or shower stall

- 1** The client should wash as much of his body as he can, depending on his capabilities.
- 2** A hook should be installed on the faucet wall of the bathtub, at about waist height, to make the handheld shower head accessible to a caregiver working in a standing position.
- 3** A client who needs help with foot care should place his feet on a stool outside the bathtub (or shower). This makes it easier for the caregiver to provide foot care (lather, dry his feet, put on socks).
- 4** A flutter board can be used to make a comfortable backrest for a client seated sideways on the end of the transfer bench.
- 5** The caregiver should sit on a stool when providing foot care and helping the client dress.
- 6** The caregiver should have at least three bath mitts or washcloths.
- 7** Two nonskid mats are required, one inside the tub or shower and the other on the floor beside the tub.



### NOTE

Any task that is hard to perform in the bathtub (e.g. washing under the fatty apron of a morbidly obese client) can be done in another room (e.g. in bed).

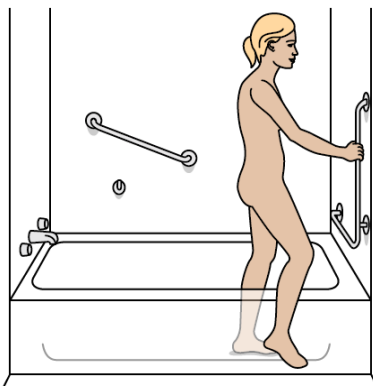
# Getting into and out of the bathtub unassisted

## On hands and knees

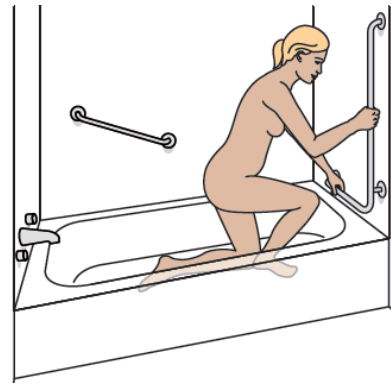
It is a good idea to do a trial run first, to make sure that the client is able to get up out of the bathtub unassisted:

- In the middle of the floor where there is lots of space
- In an empty bathtub

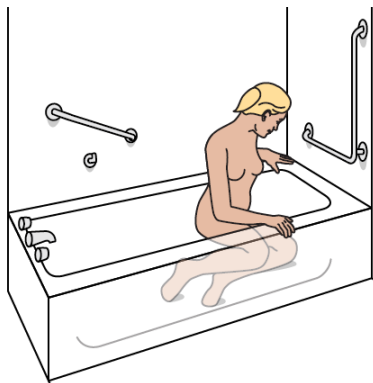
If kneeling is too uncomfortable, use a gardening kneeling pad



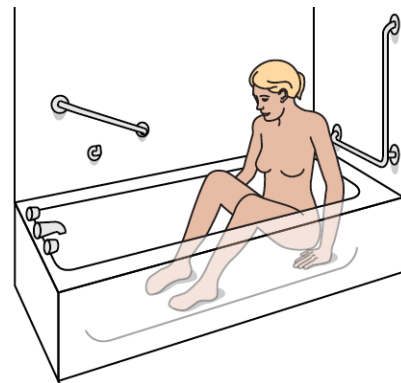
- **Hold the grab bar and place one leg in the bathtub.**



- **Get down onto your knees, holding onto the grab bar.**



- **Turn around.**

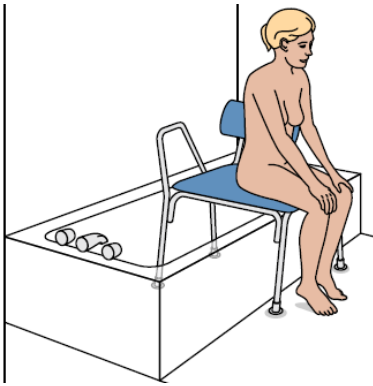


- **Sit.**

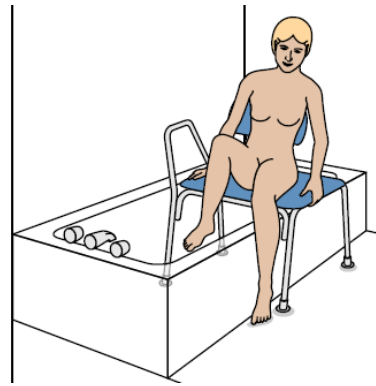
To get out of the bathtub, repeat the same steps, but in reverse order.

If this is too difficult or results in shortness of breath, use a bath bench or a bath lift.

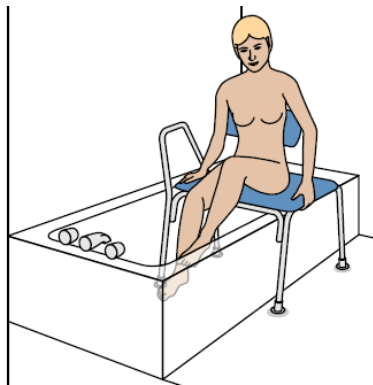
## Seated method



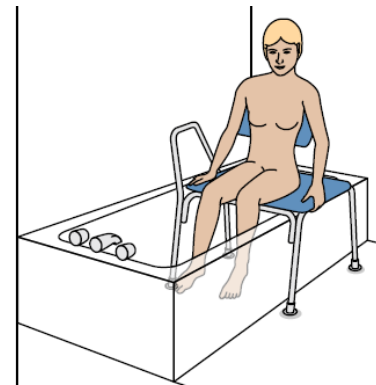
- Sit as far back on the bench as possible.



- Turn 90° and swing one leg into the bathtub.

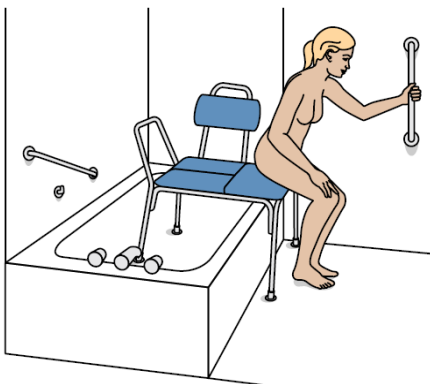


- Swing the other leg into the bathtub, helping with your hands if necessary.

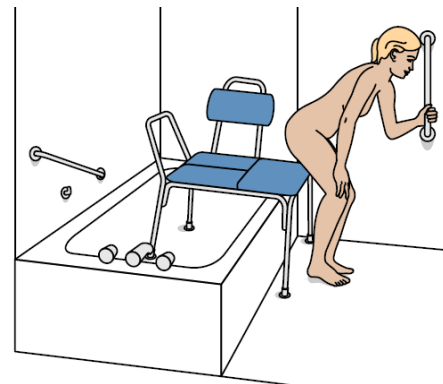


- Slide to the center of the bench.

To get out of the bathtub, repeat the same steps, but in reverse order. If necessary, use the grab bar to stand up.



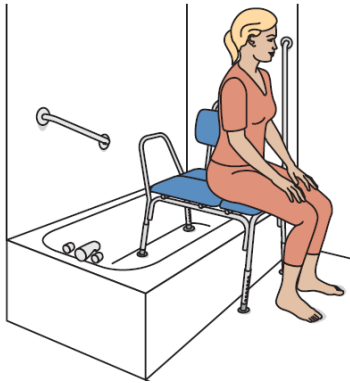
- Move your feet back, close to the side of the bathtub and hold onto the grab bar.



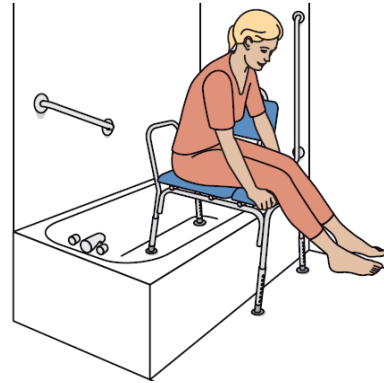
- Stand up, using the grab bar.

## Slide to the far end of the bench

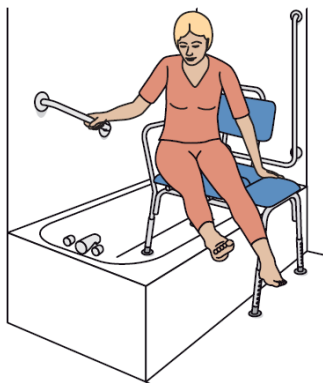
This method can help people who have difficulty lifting their legs.



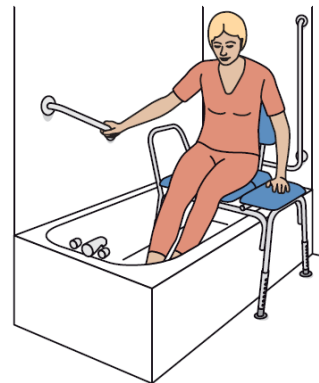
- Sit as far back as possible on the transfer board or bench.



- Slide back, pushing on the bench.



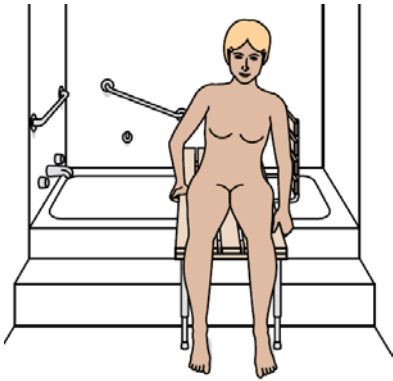
- Pull on the bar until you are firmly seated at the far end of the board or bench.
- Swing one leg into the bathtub.



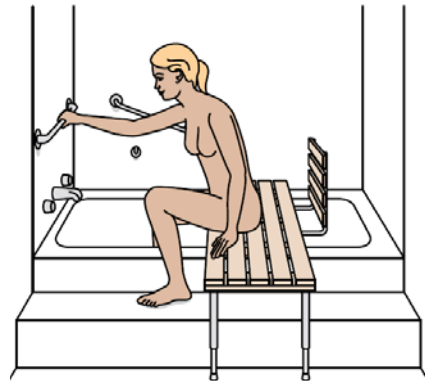
- Swing the other leg into the bathtub and reposition your body in the middle of the bench.

To get out of the bathtub, repeat the same steps, but in reverse order.

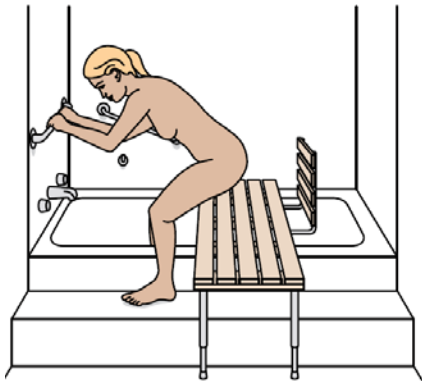
## Seated method using a long transfer bench (for a bathtub with a step)



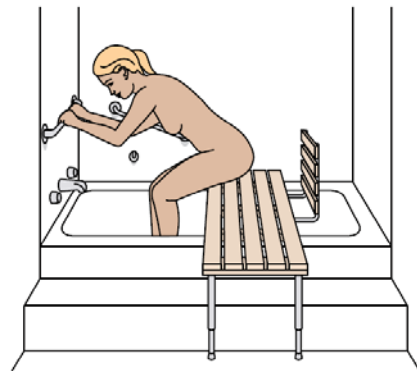
- Sit as far back as possible on the transfer board.



- Turn 90° to face the horizontal grab bar.
- Place your feet on the step.
- Swing one leg into the bathtub.



- Holding onto the grab bar, squat and centre yourself over the bench.

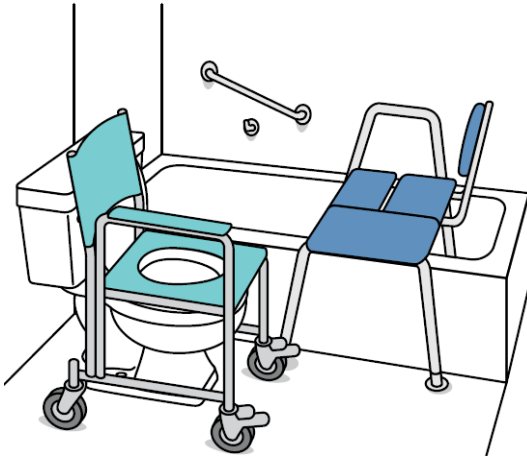


- Swing the other leg into the bathtub and sit down on the bench.

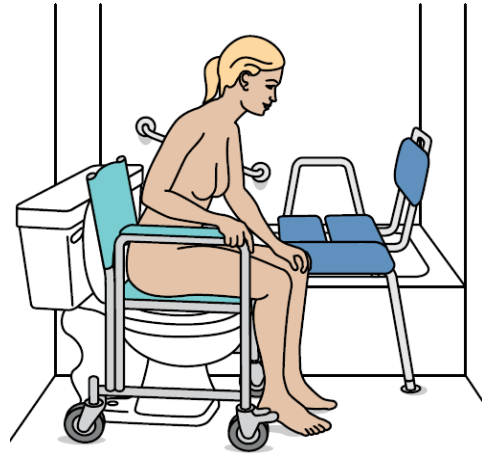
To get out of the bathtub, repeat the same steps, but in reverse order.

## Transfer from commode to transfer bench

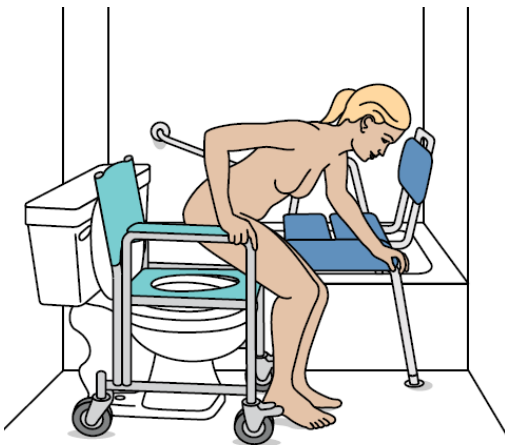
A commode is narrower than a wheelchair and its turning radius is smaller. It can be installed over the toilet, even if the toilet is very close to the bathtub. Often, with a commode, a client will be able to transfer independently.



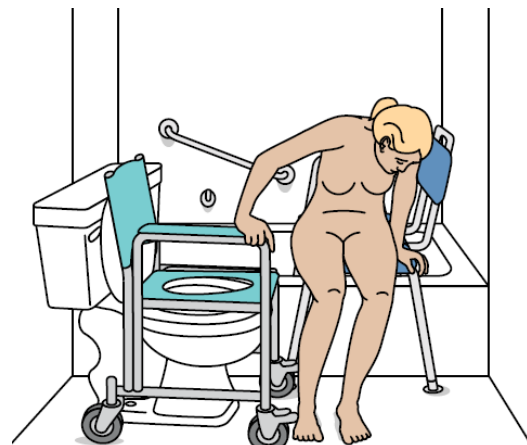
- Remove the armrest on the bathtub side.



- Lock the brakes on the commode.
- Support some of your weight on your legs.



- Lean forward, supporting yourself on the commode armrest with one hand and the seat of transfer bench with the other.

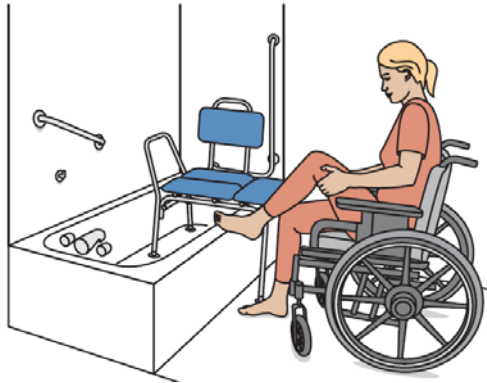


- Pivot on your feet, taking one or more steps, then sit down on the transfer bench.

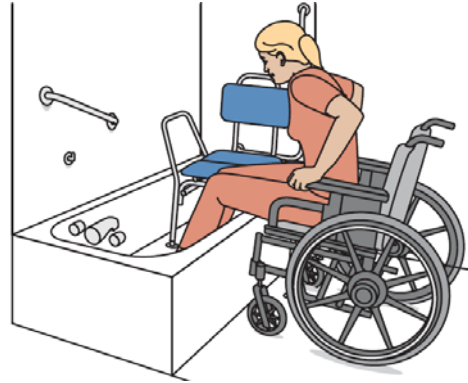


## Transfer from a wheelchair, feet in first

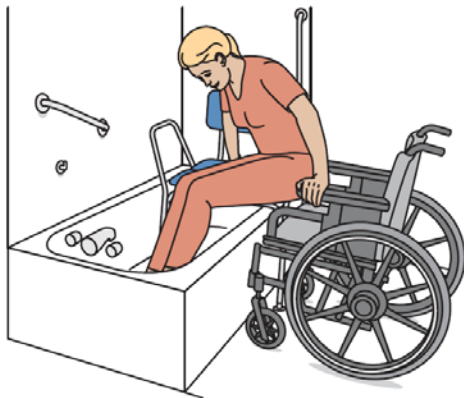
A client with good arm strength can place his own legs in the bathtub.



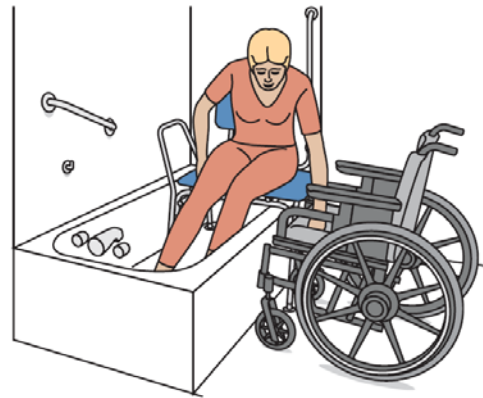
- Place feet on the side of the bathtub.
- Roll the wheelchair forward.



- Slide legs down into the bathtub.
- Lock the brakes on the wheelchair.
- Slide to the edge of the seat.



- Support yourself on the armrest with one hand and the seat of transfer bench with the other.
- Slide onto the transfer bench, supporting yourself with your feet if possible.



- Position yourself in the center of the transfer bench.

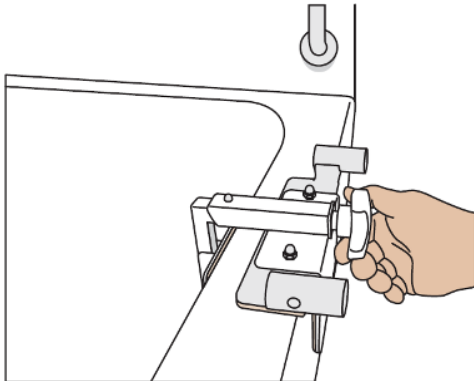


## Getting into and out of the bathtub with assistance

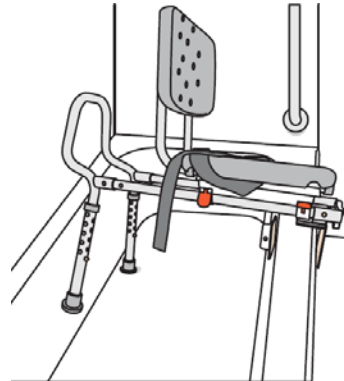
### Tub-mounted transfer bench with clamp and sliding swivel chair

This type of bench can be used for a client whose legs are spastic, who does not understand instructions, etc. With this type of bench, the client's back is supported as soon as he sits down. The sliding seat makes it easy to transfer the client into the bathtub.

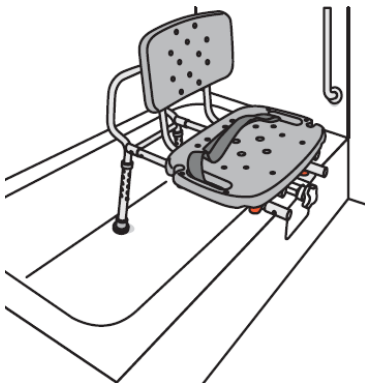
#### *Information about the tub mounted transfer bench with clamp*



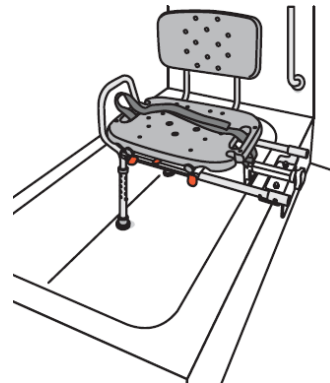
**The clamps attach to the side of the bathtub.**



**The slides on the bench are attached to the clamps.**



**The client sits down in this position. Velcro straps are available to stabilize the client.**



**The chair swivels and slides into the bathtub.**

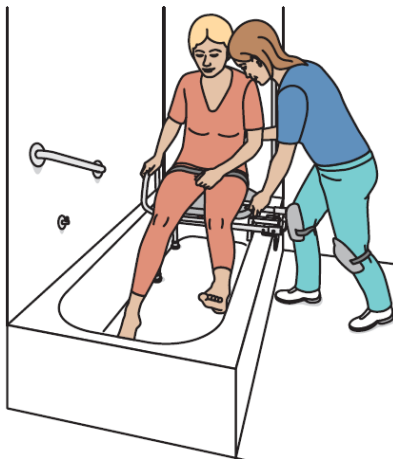
### *Helping the client transfer*



- Turn the seat perpendicular to the bathtub.



- Ask the client to swing one leg into the tub and slide himself over, holding onto the grab bar.
- Position yourself for a backward-forward weight transfer.



- Brace yourself against the seat and back of the bench for a backward-forward weight transfer.
- Ask the client to place his other leg in the bathtub.

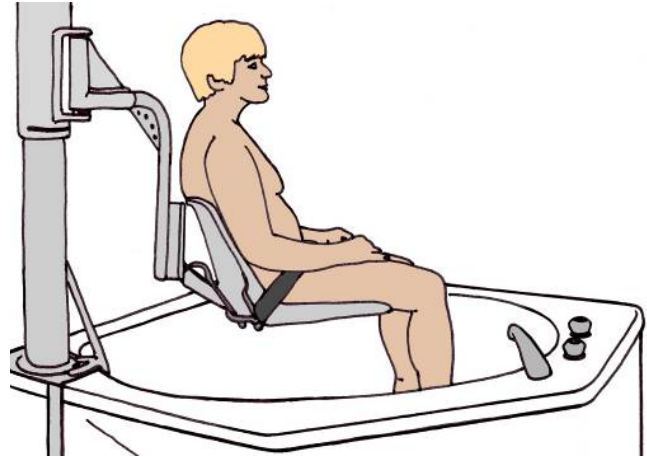


- To turn the seat, ask the client to activate the mechanism or support your weight on one knee and activate the lever yourself.

If necessary, place a stool beside the bathtub that the client can use to push off or to support the weight of his legs during the maneuver.

## Hydraulic swiveling bath lift

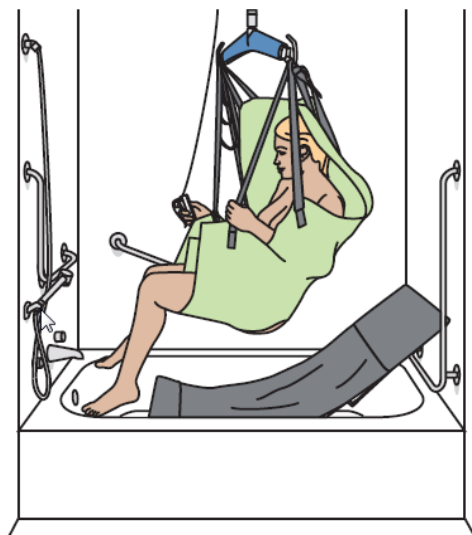
The bath lift shown below can be used in nearly every type of bathtub. The client can be transferred into the bathtub with or without assistance.



**Hydraulic swiveling bath lift to transfer client in and out of the bathtub**

## Ceiling lift with bath chair

With a ceiling lift, a client who requires total assistance can still use the bathtub. If he has no muscle tone, he is placed right into the bath chair. The sling is then detached to give the caregiver better access to the client.



**The client is transferred in the sling right into the bath chair.**

## Ways to keep your neck and back straight when providing personal hygiene care

Often, helping a client seated in a low bathtub results in positions that bend and twist your back and neck. Working with your head in these positions is one of the main causes of neck pain in home care workers. While it is unrealistic to think that all awkward positions can be eliminated, the following methods can be used to try to help limit them as much as possible.

- **Position yourself as close to the client as possible.**
- **If the job requires bending, you can:**
  - **Sit on a chair or stool.**
  - **Place one or both knees on the work surface, floor, chair or stool.**
  - **Use kneepads or a gardening kneeling pad to protect your knees.**
- **Keep the accessories you need within reach, on your dominant side:**
  - **On the right if you are right-handed.**
  - **On the left if you are left-handed.**
- **Support your weight with your free hand, especially when you are bending forward.**
- **Use extensions (soaker pads, long handles, etc.).**
- **Change hands when you feel that your back is twisted (working on the front then back of the client's body).**

## Hazardous working positions

Without a waist-level wall hook for the hand-held shower head, you are likely to adopt unsafe back positions (bending, twisting) whenever you rinse the washcloth.



**Bending over to rinse the washcloth in the bottom of the bathtub.**



**Wall mount too far away, requiring bending to rinse the washcloth.**

Without a wall hook at waist level, you have to bend over everytime you pick up and put down the shower head.



**Bending over to pick up the shower head at the bottom of the bathtub.**



**Hyperextension of the back to reach the shower head installed at a height of 183 cm (6 ft).**



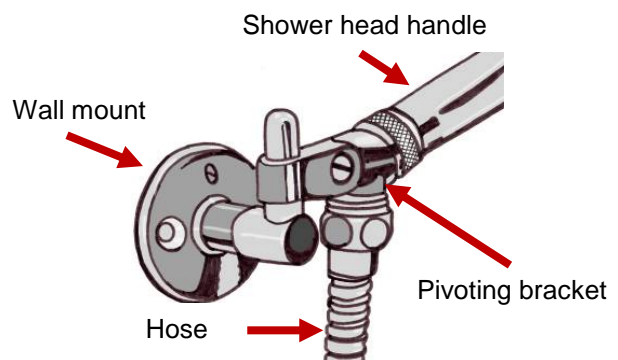
**A 152 cm (5 ft) hose is not long enough to reach the anal area.**

## Solution: install the proper equipment

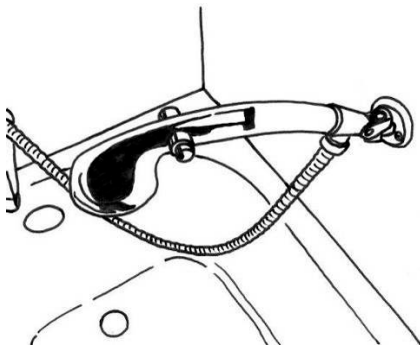
### *Wall-mounted shower head hook with pivoting bracket*



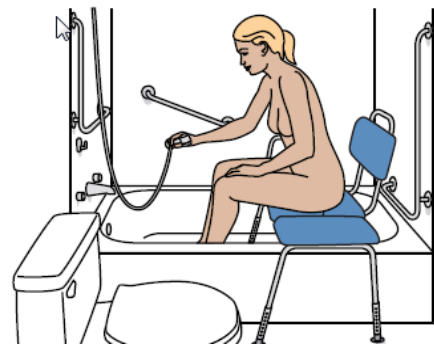
With a wall-mounted shower head hook, you can work with your back straight. It should be installed on the faucet wall, near the side of the bathtub.



The pivoting bracket is screwed in between the hand-held shower head hose and the shower head.



With a shower head that has a pivoting bracket and support rod, you can direct the spray to the bottom of the bathtub.



Have a wall mount installed on the wall near the soap dish so that the client can also use the shower head.

### *Hand-held shower with long hose*



A long hose is very useful for rinsing hard to access parts of the body, like the anal area. It is also handy for washing the client's hair more easily.

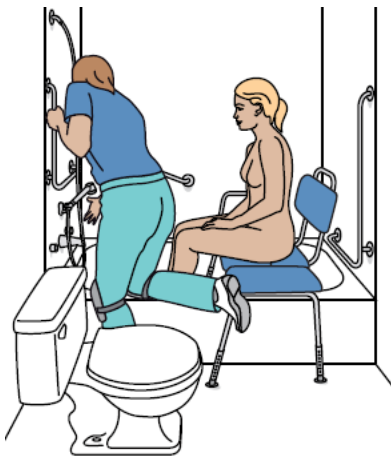
**A 183 cm (6 ft) hose is required when the transfer bench is far from the faucets.**

## Adjusting the water temperature

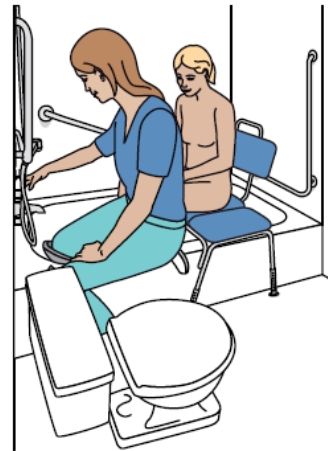


Access to the faucets is often blocked by the toilet.

**Bending and twisting to adjust the water temperature.**



**Wear knee pads and kneel on the side of the bathtub.**



**Wear knee pads and sit on one leg on the side of the bathtub.**

The shower head may be equipped with a shut-off valve. If not, you can have one added.

### **WARNING**

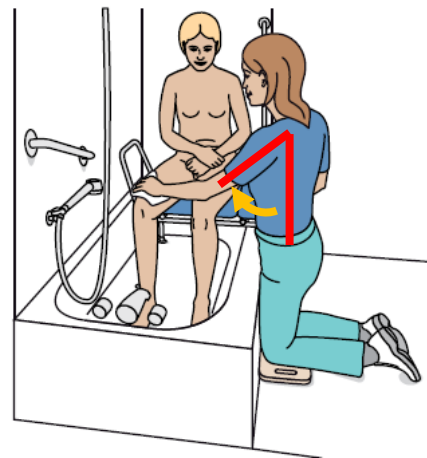
**When closing the shut-off valve, the water temperature increases in the pipes. When you open the shut-off valve, always direct the water spray toward the wall until the temperature drops. If you are concerned, don't use the shut-off valve.**



## Options for washing the far side of the client's body



**Bending and twisting your back to wash the far side of the client's body.**



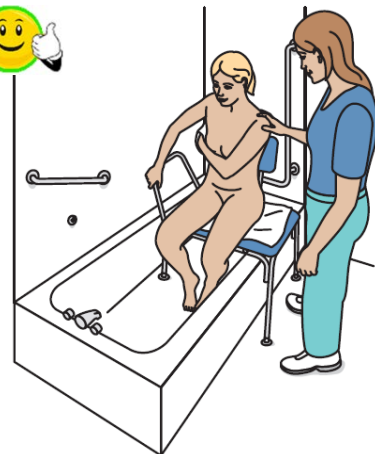
**If you are kneeling, you have to work with your arms elevated to wash the far leg and it also places pressure on your knees.**



**Lather the client before she turns on the bench.**



**Encourage the client to participate. Ask her to raise her arm or wash herself.**

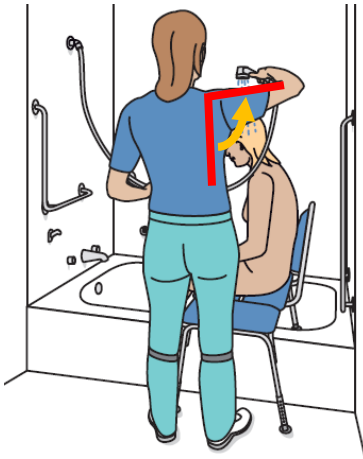




## Options for washing hair

Washing a client's hair while she's seated means that you have to hold your arms up high. The following strategies can help decrease or eliminate uncomfortable shoulder positions.

### *Ask the client to lean forward*



**Abduction (holding elbows out) to rinse the client's hair.**



**Ask the client to lean forward. She can hold a washcloth over her eyes if necessary.**

### *Use kneepads for support and to stay dry*



**Wearing knee pads, you can rest one knee on the side of the bathtub and stand close to the client without wetting your clothes.**



## Options for washing the genital and anal areas

**IMPORTANT !** A client who has balance, coordination and strength problems (see safety rules for transfers to the bathtub, page 24) should not stand up in the bathtub. On the other hand, sitting makes it hard for you or the client to wash the anal area. There are **different options** to deal with this problem both inside and outside the bathtub.

### Outside the bathtub

#### **a) The client washes himself while sitting on the toilet**

The client can wash himself on the toilet before getting into the bathtub: washing with a warm soapy washcloth and rinsing with a different warm wet washcloth that you prepare.

#### **b) You wash the client's anal area while he is sitting on the toilet**

If you have easy access to the client from one side of the toilet, have the client sit as far forward as possible on the seat and then lean forward.

#### **c) The client stands and leans on the sink**

You can lather the client's anal area before he gets into the bathtub. This option is particularly effective for obese people and may also be used when drying the client.



#### **d) The client soaks in a sitz bath on the toilet**

A sitz bath is an accessory that fits on top of the toilet. It is filled with lukewarm water and when the client sits down, the excess water drains into the toilet. This option is very effective if anal hygiene is difficult or painful for the client.

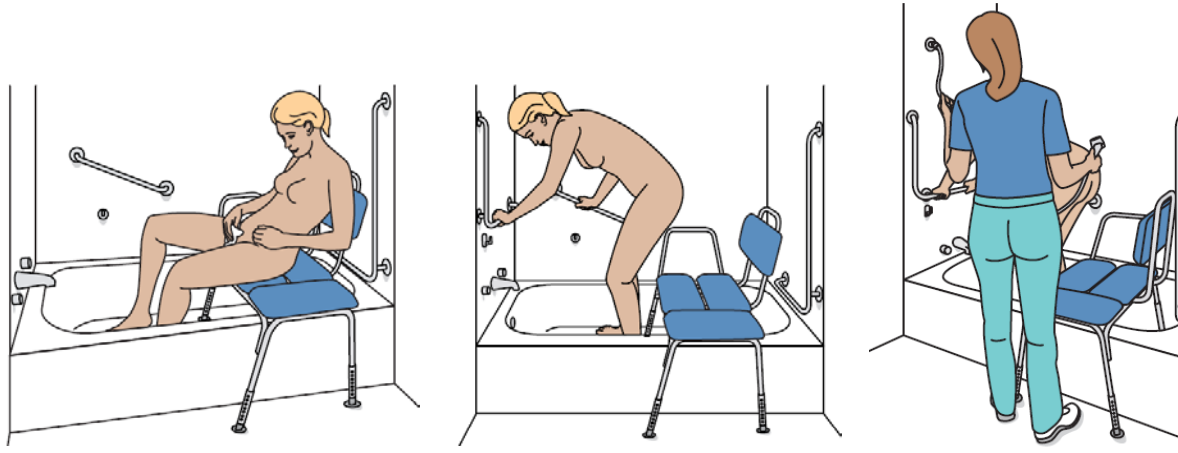


#### **Dimensions:**

- Inner dimension: 26 cm (10.5")
- Depth: 13 cm (3.5").

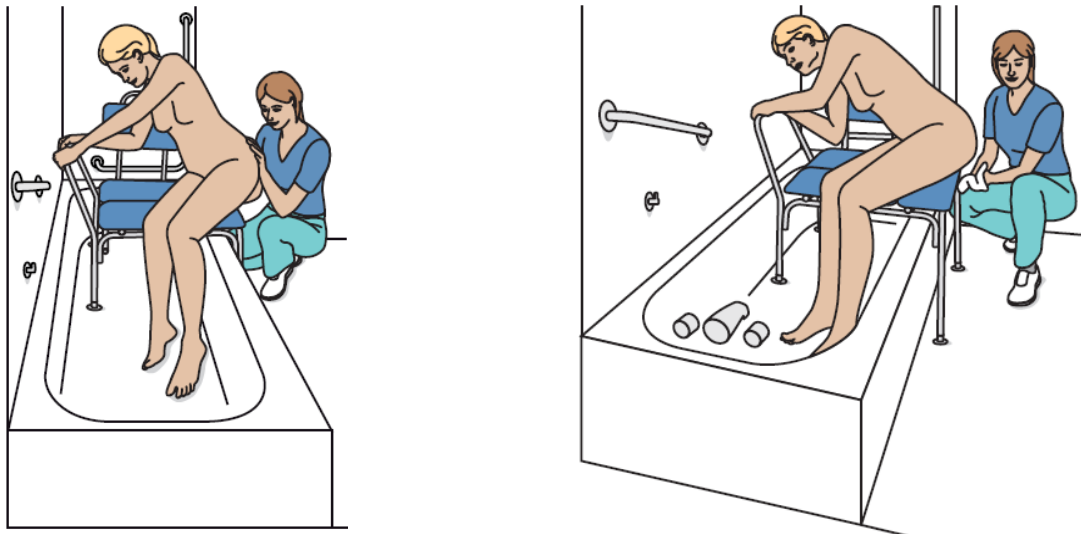
## *Inside the bathtub*

### **a) With a standard transfer bench**



**Have the client slide forward and lean back, with her legs apart. A backrest is required.**

**If the client has sufficient leg and arm strength, ask her to lean forward and hold onto the horizontal and diagonal grab bars in a semi-upright position. She has to be able to hold her buttocks up over the bench at all times. If she suddenly feels weak, all she has to do is sit back down.**



**Have her bring her buttocks close to the outside of the transfer bench. If necessary, tip her onto her side, using the armrest or grab bar.**

### ***b) Transfer bench with front opening***

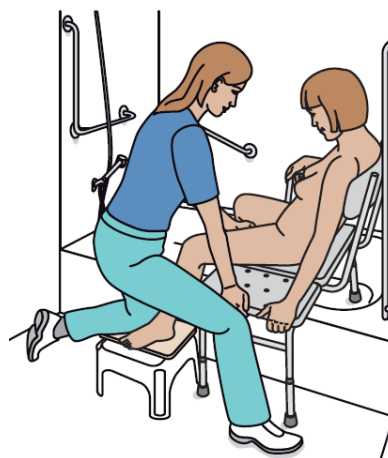
Have her slide one leg outside the bathtub to improve visibility and access to the genital area.



**If the client is tall, keep one leg outside the bathtub.**



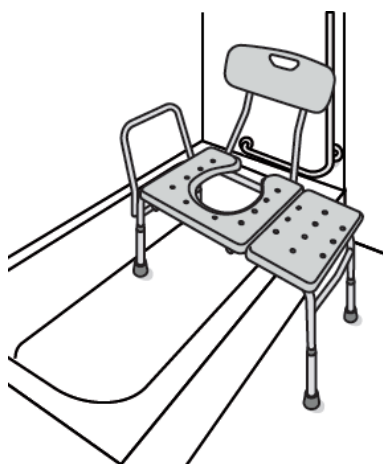
**If the client is short, support one foot on a stool outside the bathtub.**



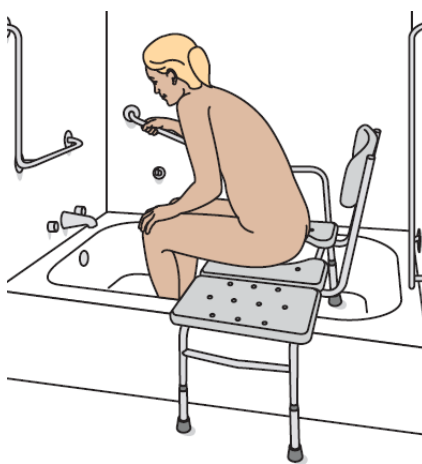
**Support your weight by placing one knee on the stool and one hand on the transfer bench.**

### ***c) Transfer bench with an opening in the back***

The anal area is often more difficult to access than the genital area. With some transfer benches, you can turn the opening to the back.



**With the opening in the back, access to the anal area is improved.**



**Wearing kneepads, support one knee on the transfer bench to wash the client's anal area.**

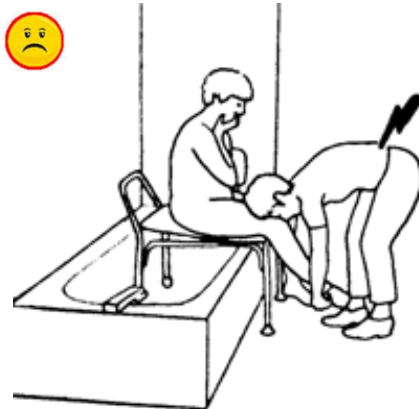
# Washing and dressing the feet

## High-risk positions



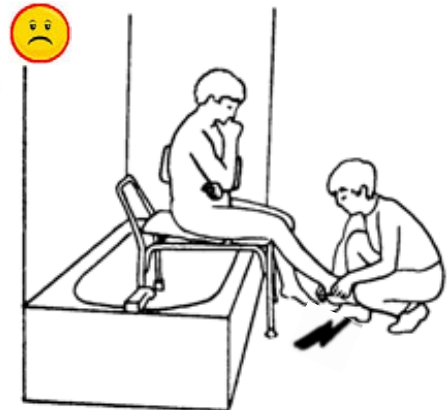
### Standing

Bending and twisting your back to support the client's leg with one hand and wash the foot with the other.



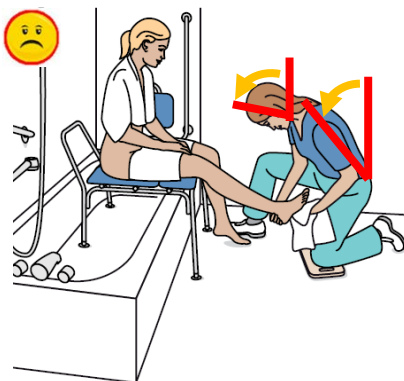
### Bending

Bending your back and extending your neck to put on the client's socks.



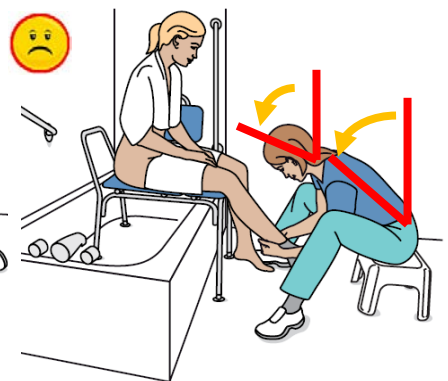
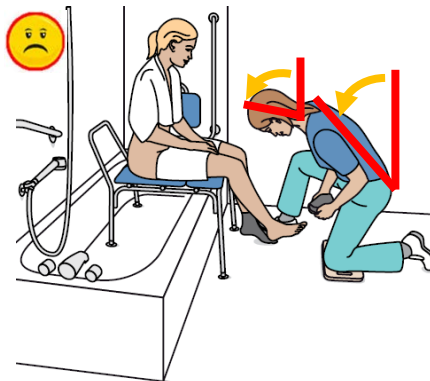
### Squatting

This position is easier on your back but harder on your ankles and knees.



### Kneeling

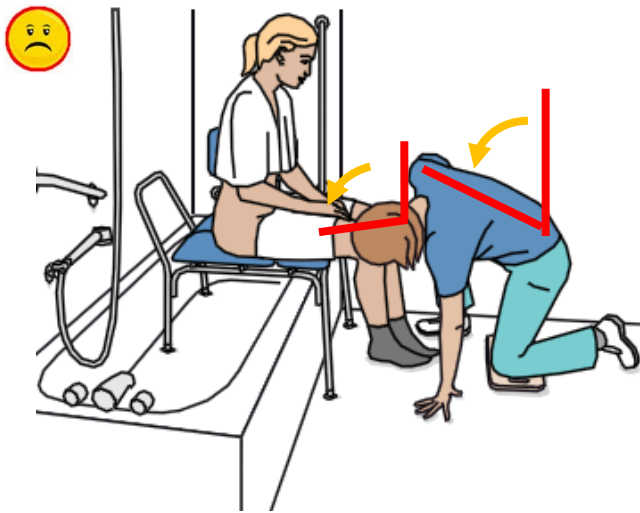
Bending your back and neck to wash and dry the client's unsupported feet, and then put on her socks.



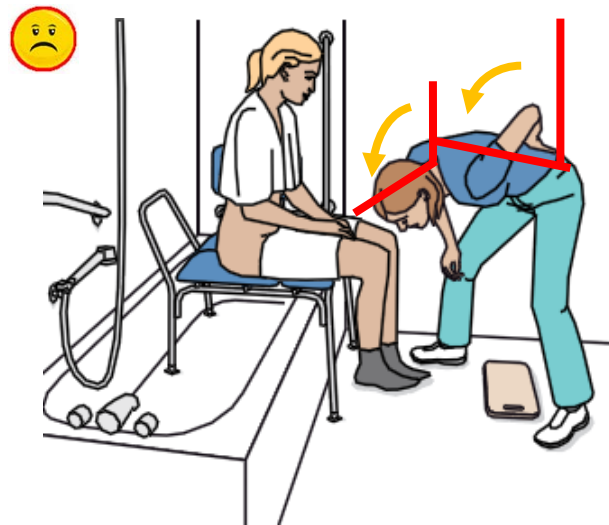
### Sitting on a stool

Bending your back and neck when the client's feet are not placed on a stool.

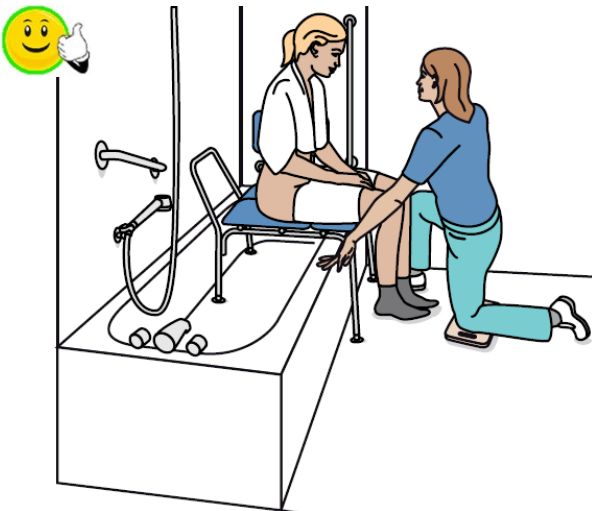
## Find support points when standing up



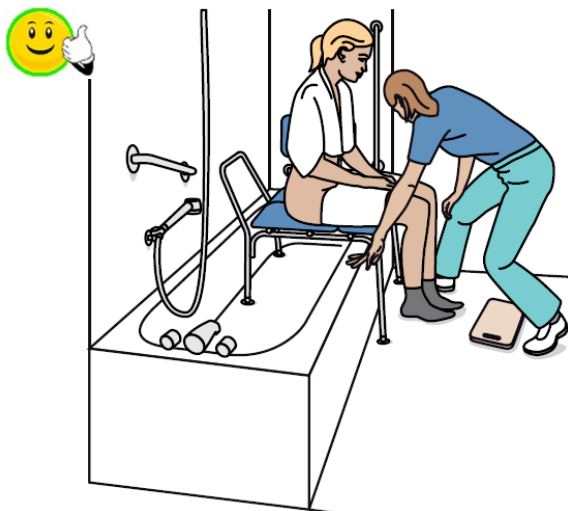
**Getting up from the floor is demanding on the joints of the back, knees, hips and ankles.**



**Standing up without support is hard on the lower back.**



**Support one hand on the side of the bathtub to get up from a kneeling position.**



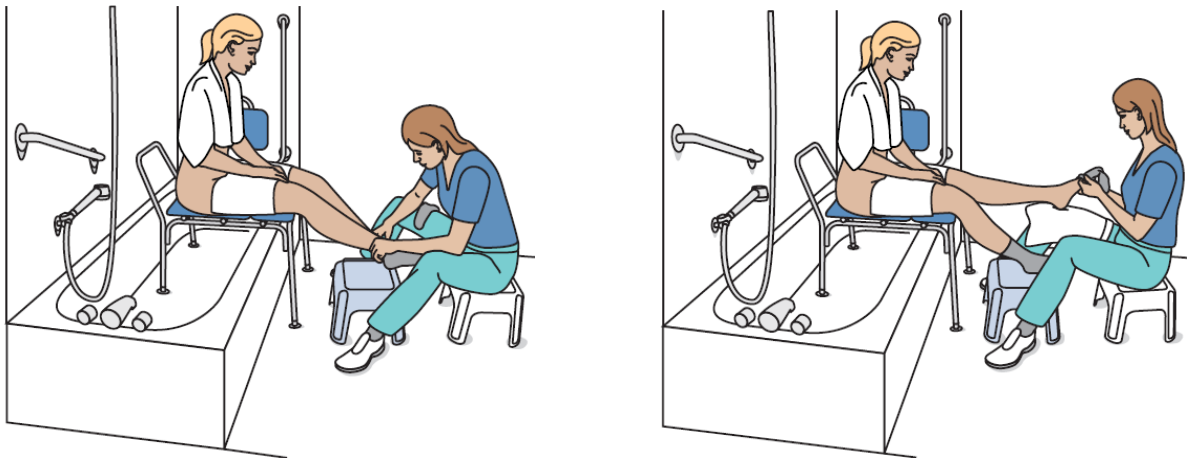


## Use two stools

- The client rests his feet on a stool outside the bathtub
- The caregiver sits on the second stool.

With two stools, you can wash the client's feet and put on her socks and still keep your back straight from beginning to end. Start by lathering the client's feet outside the bathtub. You can then rinse them in the bathtub when you wash the rest of her body.

This method is particularly effective when the toilet or vanity blocks access to the feet or if complex foot care is required (toes deformed by rheumatoid arthritis, obese client, etc.). This method makes it easier to dry the client's feet and put on socks, shoes, underwear, tights and pants.

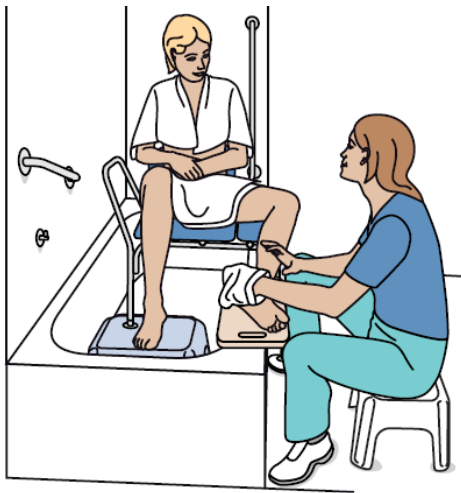


- Resting the feet on a stool, lather them before the client gets into the bathtub.
- Use this method for putting on socks, shoes, etc.
- Sit on another stool to be at the same height as the client's feet.
- Put a towel on your thigh and rest the client's feet on the towel to keep your back and neck straight.

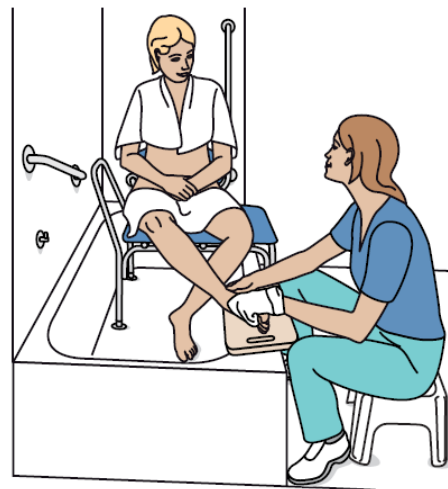
Clients with good mobility can also go to another more spacious room where it might be easier to dress.

*Options if the side of the bathtub is accessible*

**a) Client's feet raised, caregiver seated**



**Place the client's feet on a stool in the bathtub and wash the other foot resting on a gardening kneeling pad placed on the side of the bathtub.**



**Rest the client's feet on a gardening kneeling pad placed on the side of the bathtub.**

**b) Client's feet raised, caregiver kneeling**



**Place the client's feet on a stool in the bathtub and kneel on a gardening pad or use kneepads.**



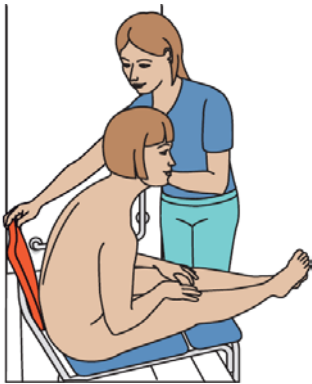
**Have the client open her knees wide and turn her feet to give you access to the soles of her feet without lifting them.**



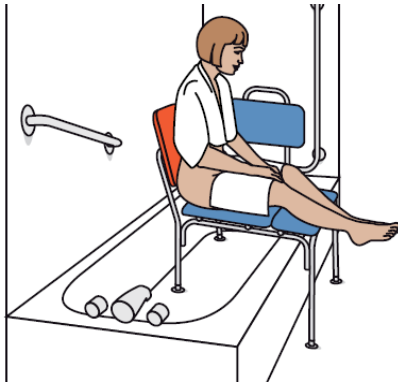
## Keep the client's legs supported

### a) If the client is short

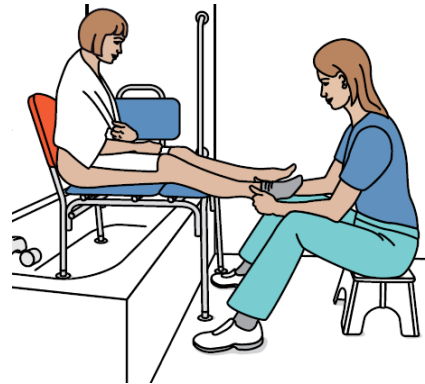
A short client can extend his legs and rest them on the transfer bench.



Support the client's back with a flutter board for greater comfort.

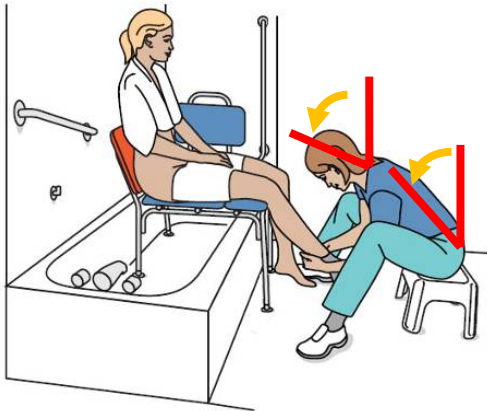


The client should sit as far back as possible on the seat, which will support his legs and keep his feet elevated.

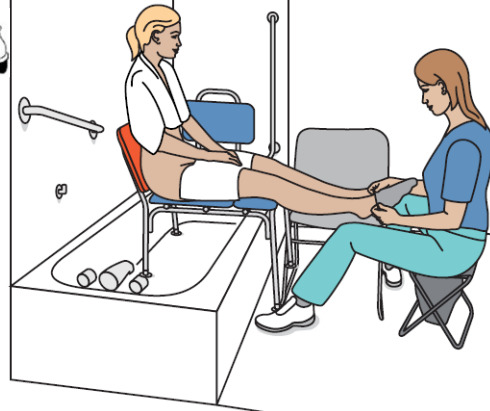


This way, your back and neck stay straight.

### b) If the client is tall



The client's legs are not supported by the transfer bench, which means that you have to bend over, which strains your back and neck.



Use a chair to support the client's legs to keep your back and neck straight.

## PART 4: BEDSIDE CARE

### Conditions for providing bedside care

**1** The client participates as much as possible and washes whatever parts of his body he is able to reach.

**2** The client has an adjustable hospital bed and table.

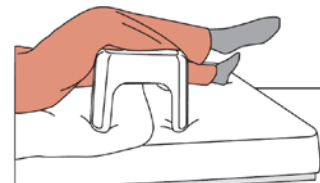
**3** There is enough room around the bed so that you can make use of equipment.

**4** If the client needs help with repositioning in bed, sliding surfaces are available (slippery soaker pads and drawsheets, sliding tubes).

**5** The caregiver has a minimum of three bath mitts or washcloths.

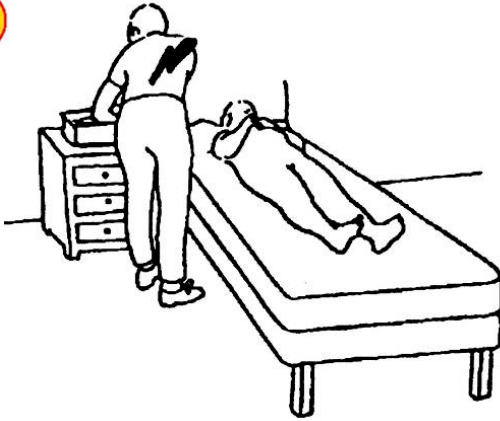
**6** The client's hair is washed in bed only if there is absolutely no other option.

**7** The client has a stool to raise his legs for personal hygiene care and dressing.



## Positioning the water basin

Placing the water basin on a low table forces you to bend your back. If you are right-handed, place the water on your right to avoid twisting your back. Move your feet to keep your hips and shoulders in alignment.



**Bending and twisting your back to rinse out the washcloth and wash a client on a low flat bed.**



**The water basin is placed on the right (for a right-handed caregiver) on an adjustable hospital table in the high position.**

## Change hands



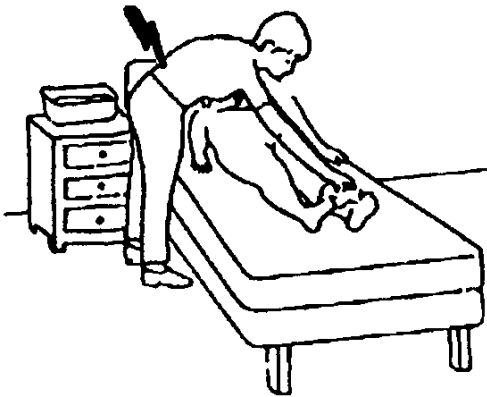
**Change hands when washing different parts of the body to keep your back straight.**



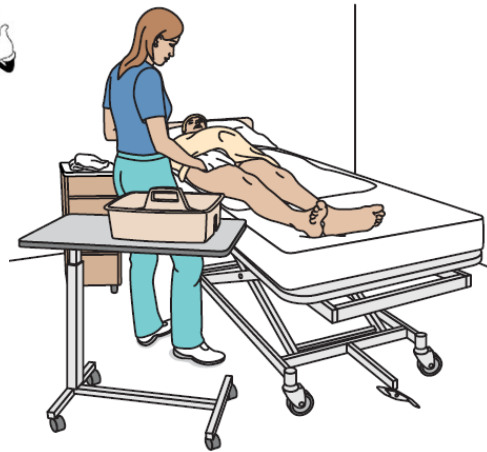
**Use a bath mitt to make it easier to change hands.**

## Client near the edge of the bed

Ask the client to scoot over to the side of the bed if he can. If he is unable to move on his own, use a large slippery soaker pad to perform the maneuver (see: PDSB –participant's workbook, Section 6: Partial Assistance - other applications). If the client is very heavy or if the mattress is soft, add a sliding tube to reduce friction and exertion.

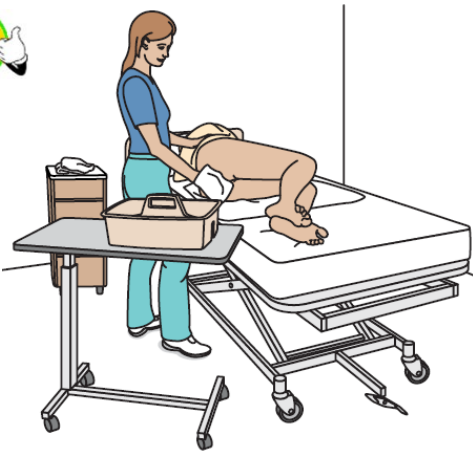


**Bending over to wash a client lying in the middle of a low bed.**



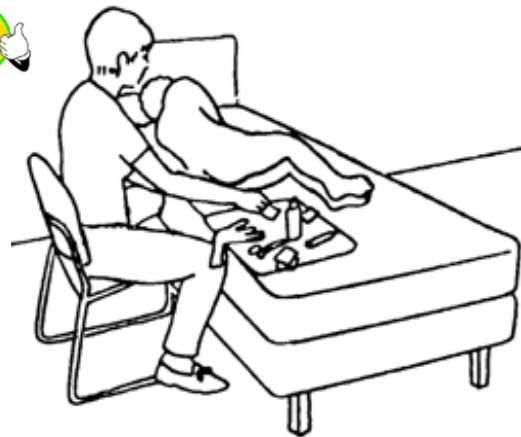
**Client lying on the side of a raised hospital bed.**

## Turn the client on the edge of the bed



### On a hospital bed

**The client is lying on his side close to the edge of the bed.**



### On a domestic bed

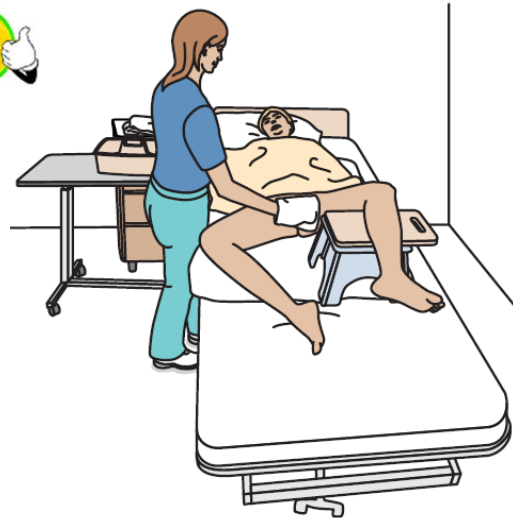
**For a procedure that takes a long time (e.g. dressings), sit down and spread your legs so that you are as close to the bed as possible. Prepare everything that you will need on a tray and keep it handy.**

## Access to the genital area

It may be difficult to reach the genital area on some clients, particularly if they have very wide thighs. Placing one of the client's legs on a stool (covered with a cushion or pillow) facilitates access to this area, when providing personal hygiene care or installing a catheter.



**Bending over to wash the genital area of a client lying in the middle of a low flat bed.**



**Position one of the client's legs over a stool and ask him to spread his legs. Raise the bed to the proper height.**

## If there is no bedside table or hospital bed

This content has been removed.

## Washing hair in bed

A client's hair should be washed in bed only if there is no other option because of all of the difficulties it entails: carrying water, uncomfortable back position while shampooing and rinsing the client's hair on a low bed, fear of wetting the bed, need to install a waterproof sheet, etc. Illustrated below are the main problems associated with using a hair wash tray as well as other alternatives for washing hair in bed, including the inflatable hair washing basin and the no rinse shampoo cap.

### Problems associating with using a flat, low rigid hair wash tray



#### On a high bed

You have to keep one arm elevated (in abduction) and keep pressure on the tray opening to drain it, twisting your back.



#### On a low bed

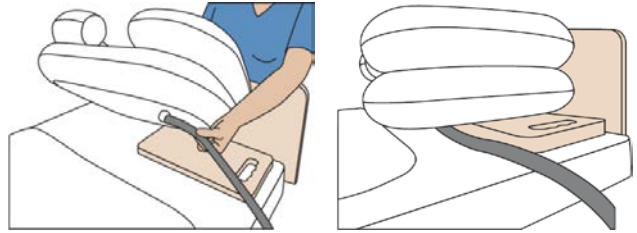
Using a hair wash tray leads to positions that bend and twist your back.



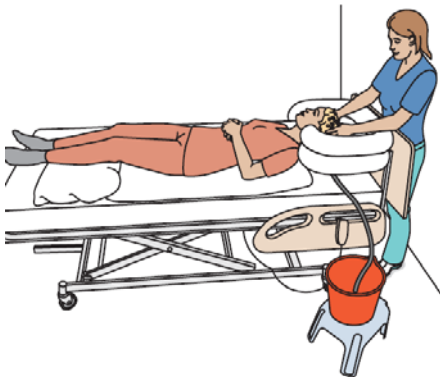
## Inflatable hair washing basin



**Deeper hair washing basin (15 cm / 6”), with pump and drainage hose.**



**The basin can remain inflated for several days. To make it easier to drain, place a gardening pad under it to keep the drain hose free.**



**Make sure that you have enough room behind the head of the bed.**

**Using an inflatable hair washing basin promotes good working positions.**

**Place the water bucket on a stool or chair to avoid having to bend over.**

## No rinse shampoo cap

A shampoo cap is a good way to wash the client's head without water and with less fuss for clients who are very ill or who tire quickly. Simply heat the cap in the microwave for a few seconds, and place it on the client's head. It is very easy to use.



**Massage gently to work the contents into the scalp.**



**Towel dry the hair.**



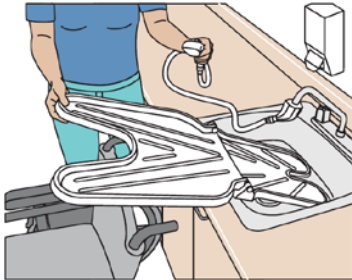
**Comb hair to remove excess product.**



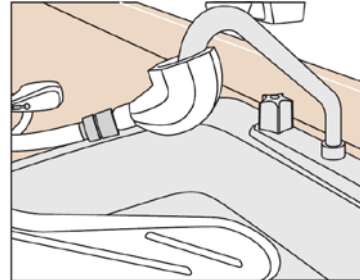
## Washing hair in the sink

If the client is able to sit, you can wash her hair at the sink using specially designed equipment. Use a waterproof hairdresser's cape to keep the water from dripping down the client's neck.

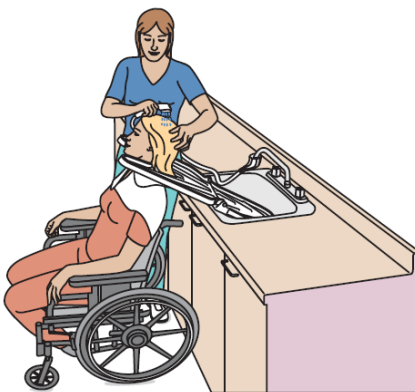
### Rigid shampoo tray



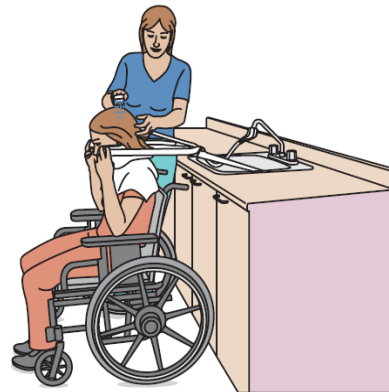
If the client has trouble tilting her head back, the tray can be placed directly on her shoulders.



Use the shampoo tray in combination with a handheld shower head attached to the kitchen sink or bathroom faucet (sink or bathtub).



A tall client does not need to hold onto the shampoo tray.



A short client or a client who is round-shouldered will have to hold onto the shampoo tray..

### Shampoo tray with padded sides and adjustable collar



This fabric tray with padded sides and adjustable collar is positioned between the back of the client's head and the shampoo sink. The device is flexible and has the ability to conform over and around necks of various sizes and shapes. A buckle and Velcro fasteners secure the unit and keep water from dripping down the client's neck.

# Methods for putting on clothes and shoes

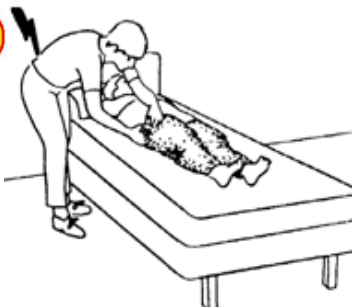
## Trousers

If the client needs help putting on his pants, he should have pants that are roomy, with an elastic waistband.

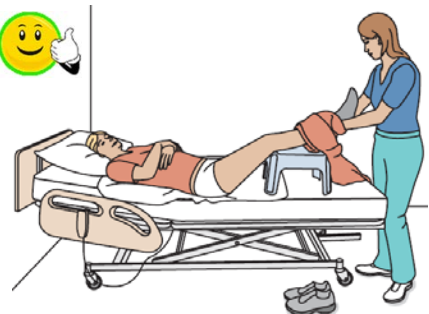
If the client's legs are hard to move, place them on a stool. If necessary, cover the stool with a kneeling pad or towel, to make it more comfortable. Adjust the height of the bed to keep your back straight.



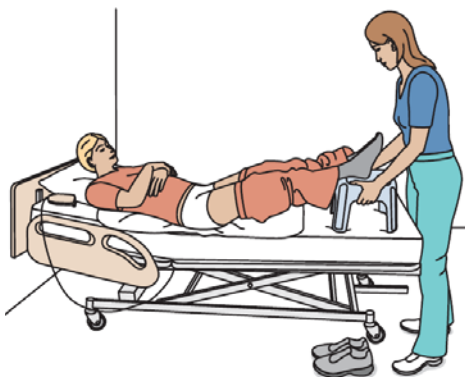
**Bending and twisting your back to support the client's leg with one hand and pull on pants with the other.**



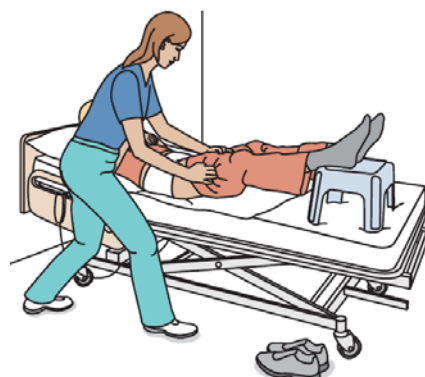
**Straining, bending and twisting your back to pull the pants over the client's hips.**



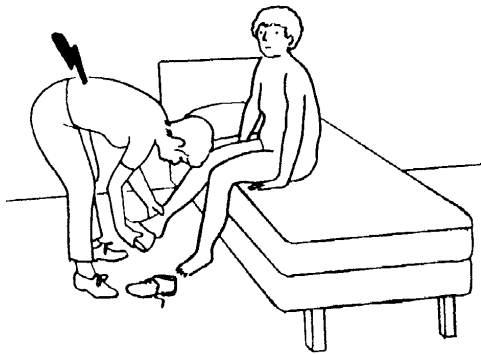
**Move the client close to the side of the bed, and use a stool to lift his legs off the bed.**



**Place the stool under the ankles and slide the pants over the hips. Turn the client onto one side and then the other to pull the pants up to the waist.**



## Shoes



**Bending and twisting to support the person's leg and put on the shoe.**



**Stand up straight. Place one knee on the bed. Place the client's legs on a stool to put on socks and shoes. If necessary, remove the foot board for better access.**

## Adapted clothing

When a person has difficulty dressing himself, changing the type of clothing he wears and opting for a larger size may allow him to remain independent. If assistance is still required, adapted clothing can help reduce caregiver exertion. There is a wide range of adapted clothing available: undervests, dresses, pants, pyjamas, shoes, etc.

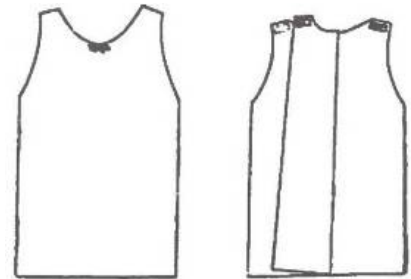
It is also possible to have a client's existing clothing adapted by a dressmaker.

### Bras

It may be difficult for a client to put on or do up a bra. There are many models of front closing bras. If necessary, you can do up a standard bra in the front and then turn it around.

### Undervests

Adapted undervests can solve many of the dressing problems associated with wearing a bra.



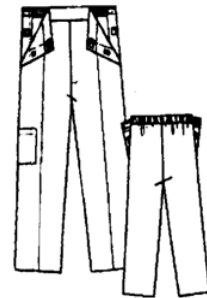
### Pants

People who use a wheelchair and who require total assistance with dressing should wear adapted trousers. These are particularly useful for going to the bathroom or receiving help for incontinence. Adapted trousers also limit seams and pleats under the thighs.

There are many different models available: cut out seat, cut out seat with flaps, pants with openings for catheter bags, longer front opening, long side openings, etc.

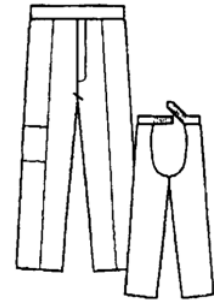
#### **a) *Pants with side openings and Velcro fastenings***

Velcro side openings do not pinch at the waist.



**b) Pants with cut out seats**

These pants are indicated for clients who are bedridden.



**c) Pants with cut out seats and flaps**

Panels in the back of the pants cross and attach with a Velcro strip. This assures maximum dignity for the client, who can maintain a normal appearance.



**Front view  
of seatless  
pants**

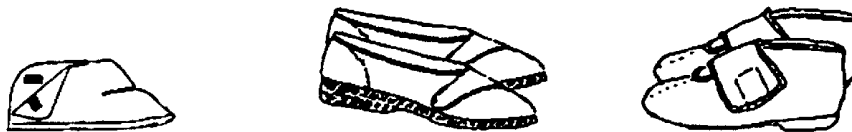


**Back view  
with panels  
closed**



## Shoes

When people need help putting on their shoes, changing the type of shoes they wear can restore their independence. If they still need help, adapted shoes make putting them on much easier. Non-skid soles are generally safer and adapted shoes with Velcro straps are easiest to put on.



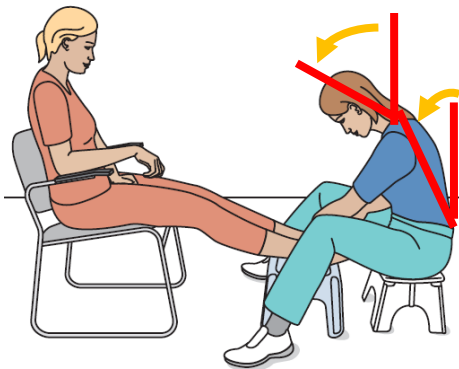
**Adapted shoes with non-skid soles.**

## PART 5: CUTTING TOENAILS

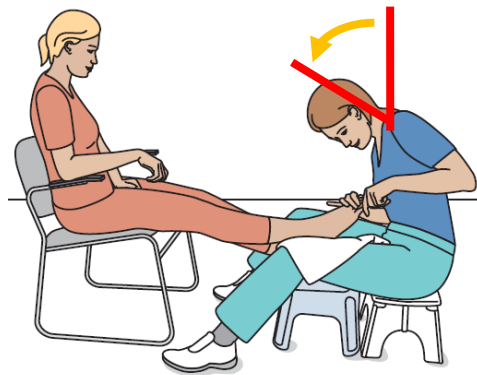
### Client in a seated position

#### Seated position facing the client

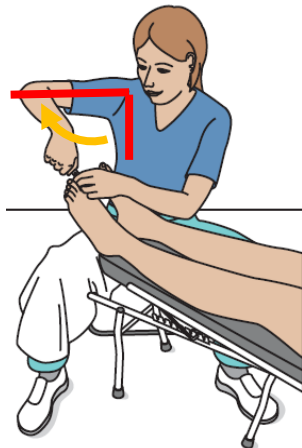
If you sit facing the client to cut her toenails, you will invariably bend your neck.



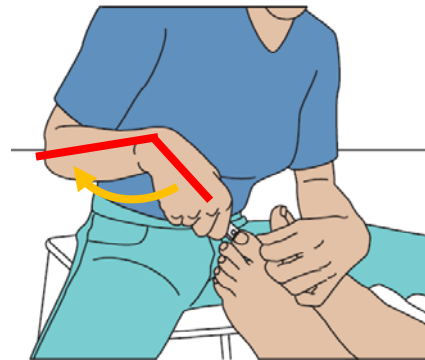
**Significant flexion of neck and moderate flexion of back when the client's feet are on a stool.**



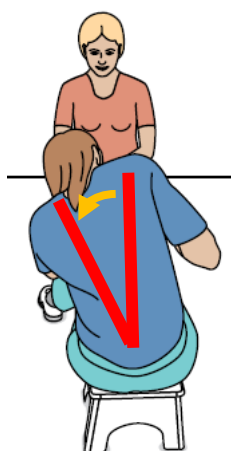
**Flexion and twisting of neck when the client's feet are placed on the caregiver's lap.**



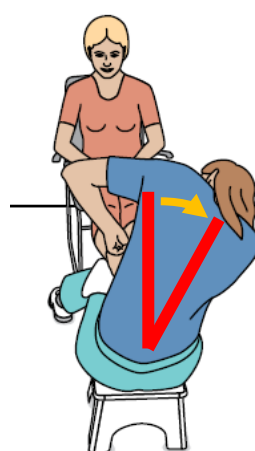
**Shoulder in abduction.**



**Wrist in flexion.**



**Back flexed laterally to the left.**



**Back flexed laterally to the right.**

### Seated position, back to the client



**Flexion and twisting of the neck when the client's feet are on a chair beside the caregiver.**



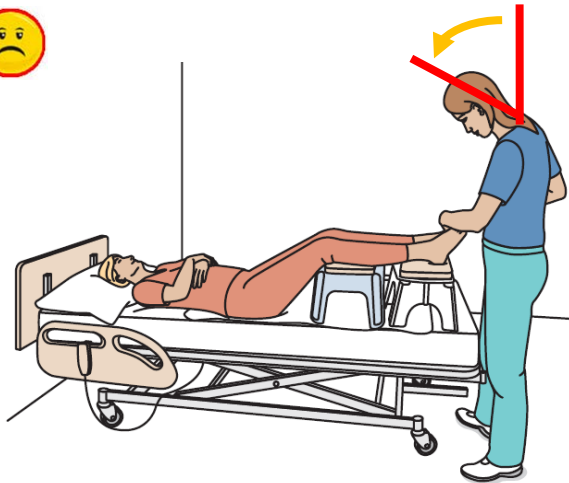
**By positioning the client's feet on your thigh or on your lap, between your legs, you can reduce twisting of your back and neck. This position also makes it easier to cut the client's nails, because the foot is immobilized.**



## Client lying down

By placing two stools on the bed, you can raise the client's feet to an appropriate height, even on a low bed. Placing the gardening pad on the stool makes it more comfortable for the client. Of course, if the bed is adjustable, raise the height of the bed.

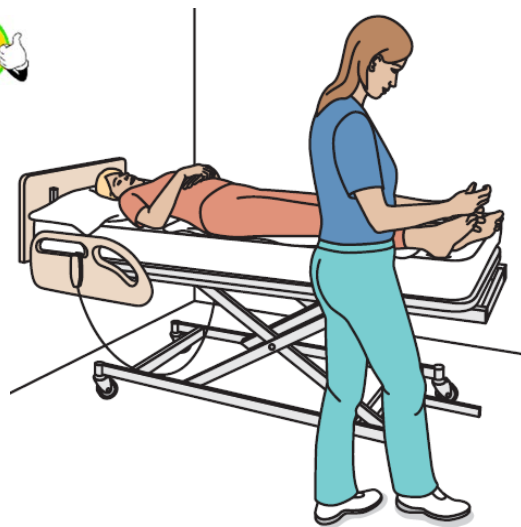
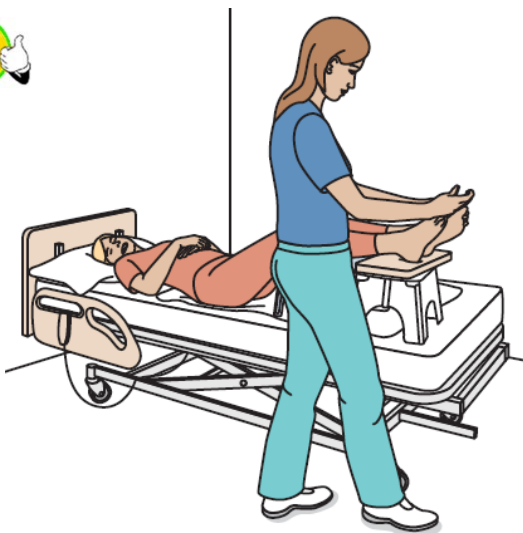
### Standing, facing the client



**When the caregiver faces the client, there is significant neck flexion even if there is a stool on the bed.**

### Standing with your back to the client

It is better to stand beside the foot of the bed with your back to the client, facing his feet.

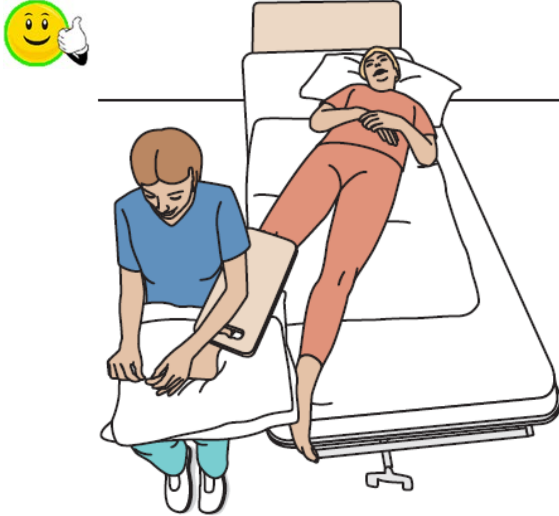


**Observe the straighter neck position. Place a stool on a low bed or raise the height of a hospital bed to avoid flexing your back and neck.**

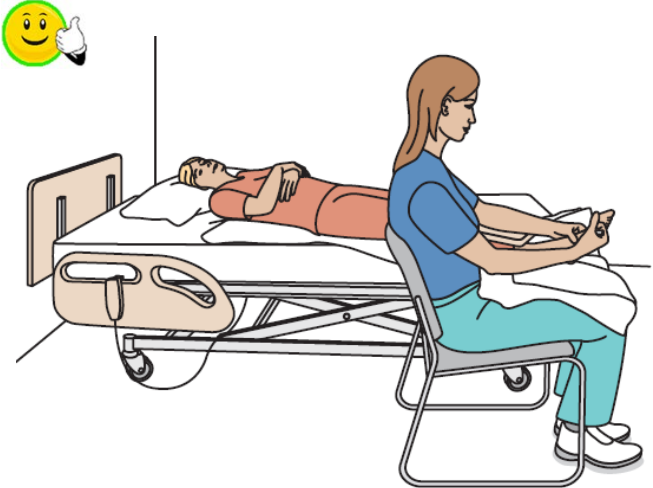


## Seated position, with your back to the client

The client may be more comfortable lying diagonally across the bed. To avoid placing your elbow directly on the client's leg, support your arm on a pillow or kneeling pad.



**Place a pillow on your lap, and then place the client's feet on a towel.**

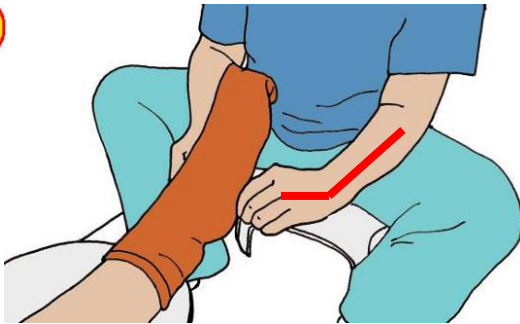


**Optimal position for the caregiver's neck, back and arms.**

## PART 6: MEDICAL COMPRESSION STOCKINGS

### Potential problems for elbows and wrists

It is very demanding on the joints of the elbow, wrist and fingers to put compression stockings on a client without special equipment. This practice may cause musculoskeletal disorders (MSD).



**Tight grip using thumbs and index fingers, wrists in extension.**



**Tight grip using thumbs and index fingers, wrists in ulnar deviation (toward the little finger).**



**Tight grip using thumbs and index fingers to pull the stocking up the leg.**

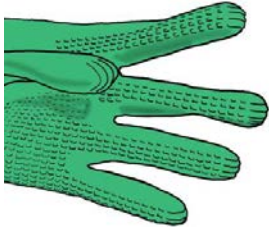


**Tight grip using thumbs and fingers to remove the stocking.**

## Helpful accessories

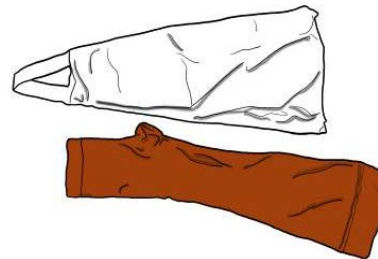
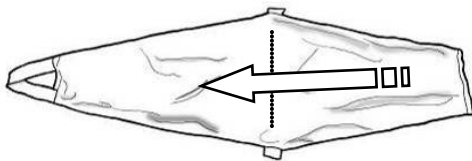
Equipment is available to help the client or caregiver put on compression stockings more easily. Accessories made of slippery fabric are very effective. Some can only be used with open ended stockings, while others can be used with open or closed stockings.

### Special rubber gloves



**Textured rubber gloves provide a good grip and can help slide the compression stocking up the leg.**

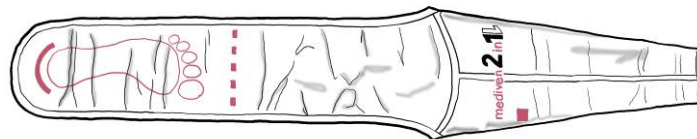
### Application aid for open toe stocking



- 1** Insert the closed end toward the handle to make a cone.
- 2** Place the foot into the cone of the application aid.
- 3** Pull the stocking over the application aid.
- 4** Pull the handle to slide the application aid out through the toe opening.

### Application aid for open or closed toe stocking

This application aid is composed of two parts: one part to slide on the stocking, and the other part to remove it.

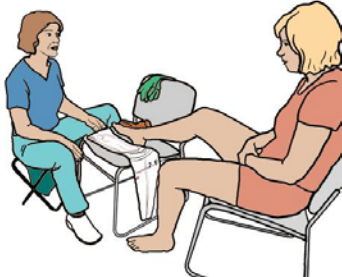


**To put on the stocking, fold back the free end at the dotted line and place it under the foot.**

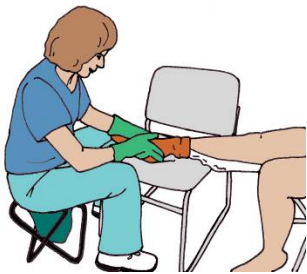
**To remove the stocking, insert the foot into the cone at the other end.**

# Methods for putting on or pulling off medical compression stockings

## Putting on stockings in a seated position



**Sit on a stool and have the client put her foot near the corner of the chair. Have the client place her foot on the drawing of the foot (on the application aid). Fold back about 2.5 cm (1 inch) of fabric and then insert it between the big toe and the second toe.**

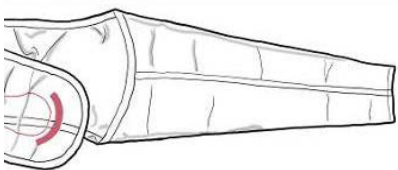


**Wearing textured gloves, slowly slide the stocking over the foot and onto the leg over the application aid, trying to avoid folds in the instep.**



**Ask the client to move her toes and pull the end of the application aid towards herself. She is in a better position to pull the fabric than you are.**

## Removing the stocking in a seated position

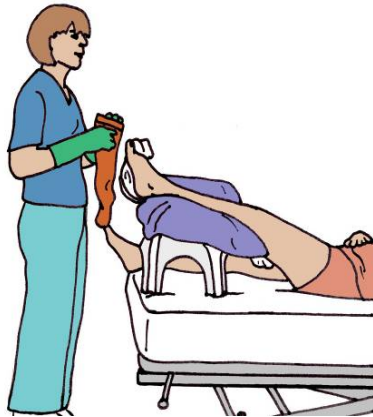


**Slide the foot to the end of the cone.**

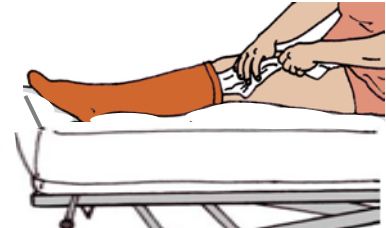
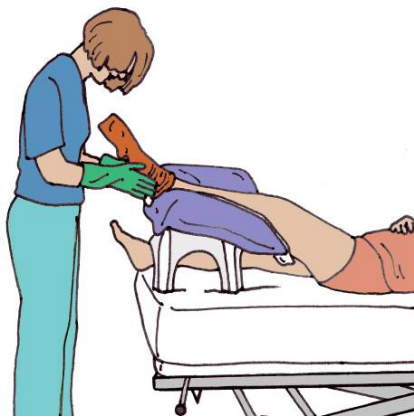


**Fold the end of the stocking over the application aid. Insert the excess fabric under the fold of the stocking. Pull on the end of the folded stocking to remove it.**

## Putting on and taking off stockings in a standing position



**Place the client's leg on a stool, covered with a cushion. Proceed, using the same method as in the seated position.**



**To remove the application aid, ask the client to pull the fabric upward.**

## PART 7: CLEANING THE BATHROOM

At the request of the *Fédération des coopératives de services à domicile et de santé du Québec* and the *Regroupement des entreprises d'économie sociale en aide domestique du Québec*, ASSTSAS developed training sessions on **Housekeeping: Working Safely in the Home**. These sessions cover a wide range of housekeeping tasks, and are available on request. For most home care workers, however, housekeeping tasks are limited to the bathroom.

### Cleaning the bathtub

One of the basic principles is to support yourself with your free hand, particularly when you are bending forward, and to change hands if you feel your back starting to twist.



**Bending and twisting your back to reach into the corners and bottom of the bathtub.**

### Six options for safe working positions



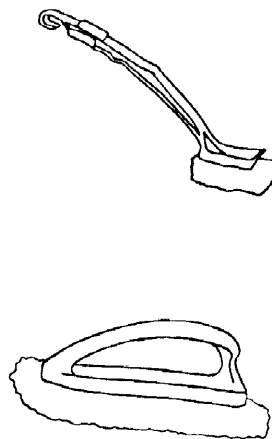
**1** Kneel down next to the bathtub. Protect your knees with kneepads or a gardening kneeling pad.



**2** Straddle the side of the bathtub, and sit on a kneeling pad for greater comfort and to stay dry.



- 3** If the toilet is in the way, sit on the bath board or transfer bench, covered with the kneeling pad.



- 4** Use a long-handled brush to reach into the corners or a nylon scrubbing brush with a long handle or hand grip to reduce scrubbing and to relieve pressure on your wrists.



- 5** Use a long-handled scrub brush so that you can remain standing.



- 6** Kneel down to rinse the bathtub using the handheld shower.

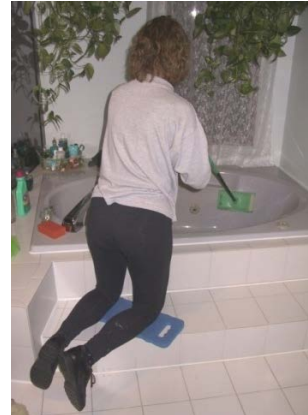


## Cleaning deep podium tubs

Cleaning a deep podium tub poses its own special problems. The following strategies can help limit unsafe back positions.



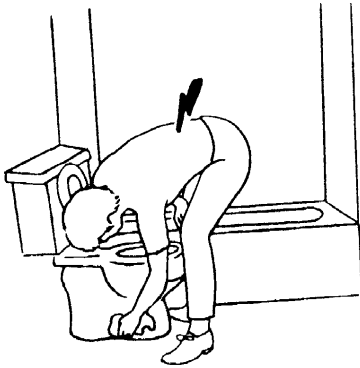
**1** Step into the bathtub to clean it.



**2** Use a long-handled scrub brush and protect your knees with kneepads or a gardening kneeling pad.



## Cleaning the toilet



**Bending over and twisting your back to clean the sides of the toilet.**

### Three options for safe working positions



**1 Sit on a stool or on the side of the bathtub.**



**2 Kneel next to the toilet wearing kneepads or a kneeling pad to protect your knees.**

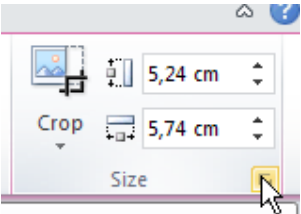
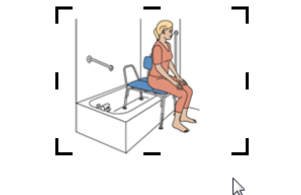

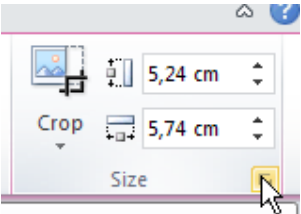
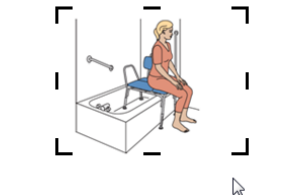
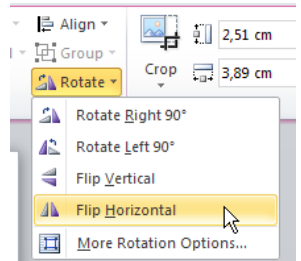



**3 Support your weight on the toilet tank and use a long-handled brush to clean the inside of the toilet.**

## APPENDIX 1

### How to reverse the illustrations in the workbook

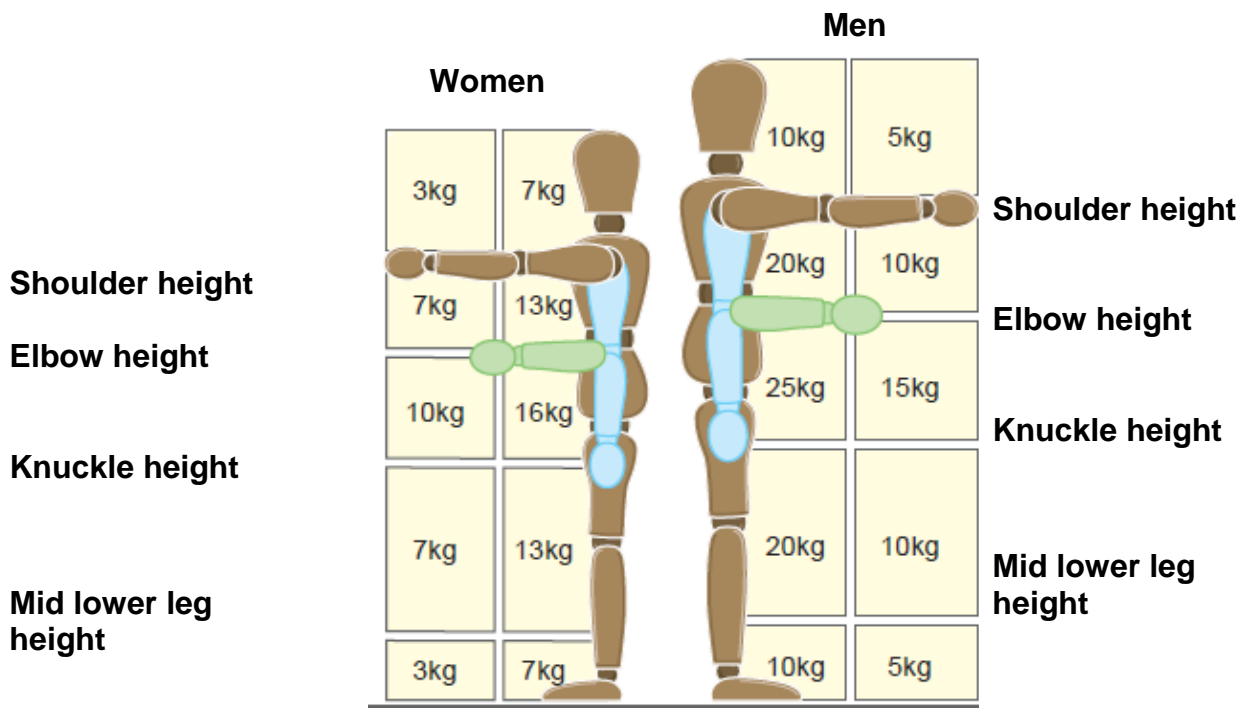
**CAUTION!** Some knowledge of computers is required to make these changes. You may want to ask for help from your institution's communication staff.

1	<ul style="list-style-type: none"> <li>Scan the page that contains the illustration(s) that you want to change.</li> <li>Save the file as an image (JPG format).</li> </ul>	
2	<ul style="list-style-type: none"> <li>Open a new document in Microsoft Word.</li> <li>Insert the image that you have just scanned.</li> </ul>	
3	<ul style="list-style-type: none"> <li>Select the image.</li> <li>On the <b>Picture</b> toolbar, click <b>Crop</b> . This will allow you to remove any parts you would like to eliminate from the picture.</li> </ul>	
4	<ul style="list-style-type: none"> <li>Use the dotted lines to define the area you want to keep. Don't include text because it will be backwards once you reverse the image.</li> </ul>	
5	<ul style="list-style-type: none"> <li>After you have cropped the image, click anywhere in the document with your cursor to turn off the CROP command, then select your image again.</li> <li>On the picture toolbar, click <b>ROTATE</b> to rotate your image.</li> </ul>	
6	<ul style="list-style-type: none"> <li>The image is now rotated.</li> <li>Insert the scanned image from step 1.</li> <li>You can paste the reversed image over the original.</li> <li>Repeat for each illustration that you would like to change.</li> </ul>	

## APPENDIX 2

### Guidelines for lifting and lowering loads

All PDSB principles stress that it is neither recommended nor safe to manually lift people, regardless of how much they weigh. However, when it comes to caring for children with multiple handicaps, the following question often arises: “What is the maximum weight for lifting a child (who is unable to help) in and out of a bathtub?” Home bathtubs are about 8 cm (3 inches) from the floor. In addition, the thickness of the bathtub side means that you have to work with your arms outstretched, making this maneuver unsafe. According to the *Risk assessment guidelines for manual handling*, if the arms are extended lower than mid lower leg height, the weight limit is 3 kg (6.6 lb) for women and 5 kg (11 lb) for men, as illustrated below.



### Risk assessment guidelines for manual handling by height and distance

Source : Health and Safety Executive (HSE). *Getting to grips with manual handling*, United Kingdom, p. 10, available online.

These weight guidelines assume that the load is readily grasped with both hands with the lifter in a stable body position. Lifting from a low height is not recommended because of the difficulty in maintaining balance in a squatting position and because of the extreme pressure on the back. Lifting above shoulder height is not recommended either, because it is nearly impossible to hold an object close to the body at this height.

## APPENDIX 3

### Grab bar inside the shower stall

The client should have one or more grab bars installed facing him or beside the door of the stall to help him get in, sit down, stand up and get out of the stall independently. This is important because the caregiver, who remains outside the shower stall, is too far away to safely provide assistance.

In a new installation, the grab bars should be affixed solidly to the walls of the stall before installation. In an existing shower stall, it is difficult to install the grab bars safely because the stall walls are too far away from the surrounding walls of the house.



### Suction grab bars

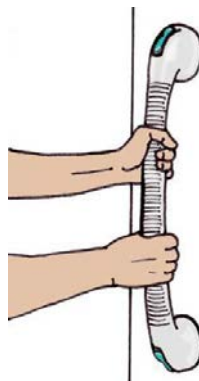
If there is no wall close enough to the shower door, you can install a suction grab bar. For maximum safety, flip the button of the suction cups with each use, because the suction strength varies depending on the wall surface. The grab bar will lose suction over time, so remove after each use. Store it in a cloth bag to avoid scratching the surface of the suction cup, which could reduce its adherence.



**Suction grab bar  
33 x 12 cm  
(13 x 5").**



**Suction grab bar  
for bathtub or  
shower 29 x 10 cm  
(11.5 x 4").**



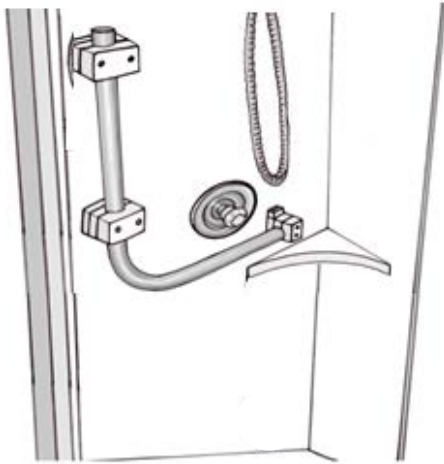
**Long suction grab  
bar 61 cm (24") for  
two-handed use.**



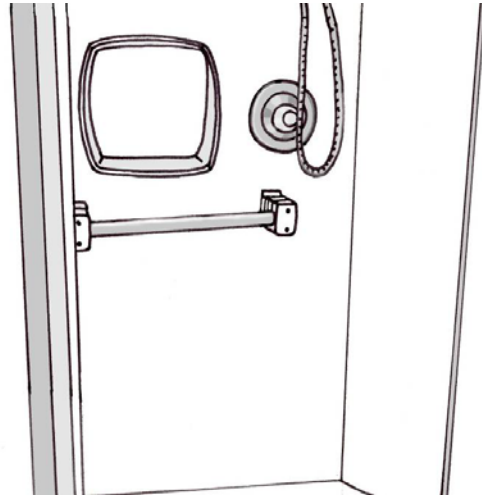
**Bar with large  
suction cups and  
suction level  
indicator.**

## Grab bar inside the shower stall

When installing a new shower molded stall, reinforcing plates should be installed behind the shower stall and standard grab bars should be affixed before putting it in place. Near the water temperature controls, install an L-shaped grab bar or a horizontal grab bar to help the client stand up.



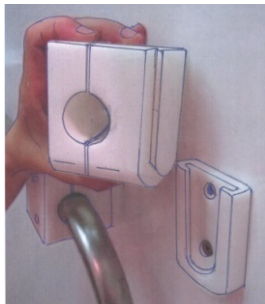
**L-shaped grab bar**



**Horizontal grab bar**

## Grab bar with special supports inside the stall

If the grab bars are not affixed inside a molded shower stall before installation, it is difficult to install them safely afterward. To solve this problem, one company has designed a safe method to retrofit grab bars. In the illustrations above, an L-shaped bar has been installed using three mounts. The one on the right shows two mounts.



**Special waterproof mounts to insert the grab bar inside an existing shower stall.**

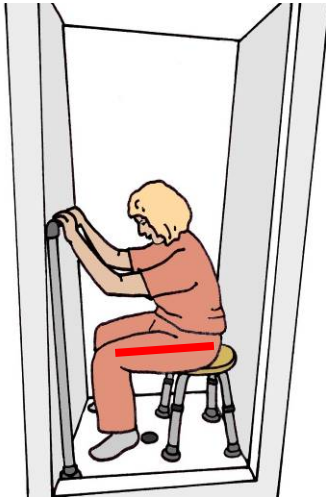


**If the bar has to be removed, a cover plate can be installed.**

## APPENDIX 4

### High stool for standing independently

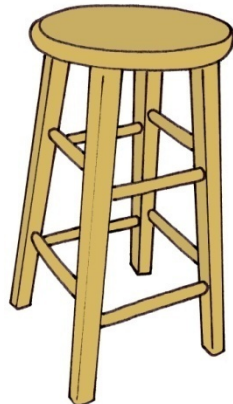
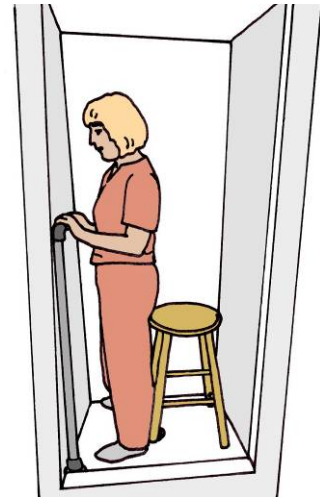
There is not much room in a small shower stall for a person to pull forward to reproduce the natural movement for standing.



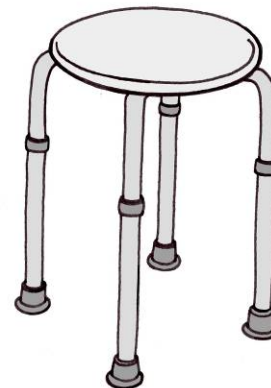
**Standing up from a low stool in a restricted space requires considerable strength to pull upward.**



**Less effort is required to stand up if the stool is higher (61 cm / 24").**



**A wooden stool with a narrow base leaves room for the feet and legs in a tight shower stall.**



**A plastic stool with adjustable 51 - 61 cm (20 - 24") legs and nonskid feet and a wider base can be used in a more spacious shower stall.**

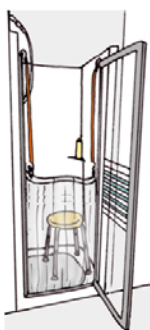


## APPENDIX 5

### Half shower curtain

With a half shower curtain, the shower door can stay open so that the caregiver still has access to the client and the shower head. This way, the caregiver can help the client, and stay dry. The height of the curtain is determined by the height of the client and the caregiver. Make sure that there is at least 8 cm (3") extra length, to direct the water toward the shower drain. To hang the half curtain, there are two options: bungee cords or a pressure rod.

#### **a) Attaching the half shower curtain with two bungee cords**



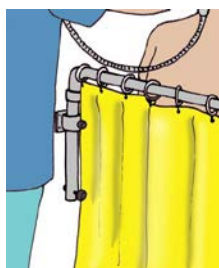
**Attach one bungee cord to each side of the top of the shower stall and hook on the shower curtain. To open the curtain, remove one hook and attach it to the hook on the other side.**



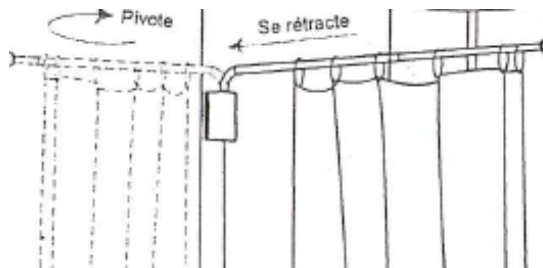
**Make sure the curtain is at least 8 cm (3") too long, to direct the water toward the drain.**

#### **b) Attaching the half shower curtain to a pressure or pivoting rod**

Before rinsing the client, install the rod at the appropriate height. A 74 - 102 cm (29 - 40") rod can be used in a small shower stall, while a 153 cm (60") or 183 cm (72") rod can be used in a larger shower stall.



**"L" shaped pivoting rod<sup>1</sup> attached to the wall in a large shower. Any half curtain can be used.**



**Pivoting telescopic rod can be used with a half curtain. Its length ranges from 93 - 150 cm (35.5 - 59").**

<sup>1</sup> GAMBIN, Christiane. "Vitrine des nouveautés - Protéger des regards et des éclaboussures," *Objectif prévention*, vol. 29, no. 1, 2006, p. 28.





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