



CMWDT
Christian Ministries With Disabled Trust
Evangelise Equip Educate

PERSONAL CARES

Caring for someone with a disability



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CHRISTIAN MINISTRIES WITH DISABLED TRUST

Notes

Summary

Hopefully now that you have read this booklet, you will feel a lot more at ease about assisting people with disabilities with their personal cares. It should make you feel a lot happier about taking someone out for a meal, to a movie or for a holiday. This kind of hospitality is appreciated more than you can ever know.



Rachael helps Libby to put on her make-up.



Jean guides Marce to her chair at the Auckland drop-in centre.



Fay, Andrew, Marce, Tracey and Trish enjoy songs in the sun at Mission Bay in Auckland.



Shannon, Mandy, Fitele and Trish relax with a picnic lunch in the park.

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The information in this booklet is also available in large print, audiotape and on-line at www.cmwdt.org.nz

Offering Assistance

Helping someone with a disability can feel like a scary thing! If you do feel scared, you are not alone! Don't worry. This booklet has some basic pointers for situations you may encounter as you offer assistance to someone who has a disability. It is especially written to help those of you who are being hospitable to people with disabilities in your own homes, in public or at camps. After reading it, I'm sure you will feel a lot more at ease. But remember, without any training, a person can still provide fellowship and God's love to a friend with a disability.

Helping someone with a disability is to be their hands, feet, eyes, ears and mind. First of all, let them know that you are "*enabling*" them, not doing things for them. It is important that they feel they have a role in their self cares, rather than feeling it is being done to or for them.

When meeting someone with a disability, the best thing to do is to be open – be willing to learn and make no assumptions. If you think that someone needs help, ask them. It is always okay to ask. It is never okay to assume. Once you ask, don't move until your offer is accepted or rejected. Some people prefer to go it alone. If they accept your offer, then follow their instructions. If they decline, don't feel upset. Be glad at the independence you are witnessing.



Helping to play at CMWDT National Camp—Labour Weekend.

In the case of choking: Do not panic!

If they appear to be choking, ask them first. They may be able to indicate whether it is serious or not. The general rule is: **if they can make a noise, they may be okay as air can get to the lungs. If there is no noise, then urgent action needs to be taken. Initiate the Heimlich manoeuvre as follows immediately:**

- Stand directly behind the person.
- Put your arms under theirs and hold onto your other hand, making a fist.
- Find where the sternum and ribcage end in the centre, and apply pressure upwards in a fast firm movement.
- Repeat if necessary until food is dislodged and coughed out.
It may be necessary to lean them forward during the process.



Amanda and Trish demonstrate the Heimlich manoeuvre.

Medication:

It is important that medication is taken in the correct dosage and at the correct time of day. It will be necessary to remind some people or check that they have taken it appropriately. If it is missed, then you will need to advise the appropriate person to determine necessary action. Missing medication can have very serious effects such as an epileptic seizure. It is very easy to forget about medication—even very responsible people forget sometimes! Some people use pill cases with days of the week and the time of day on them. This can make it much easier to remember whether the pills have been taken or not.

Routines:

Some people with disabilities rely on a regular routine. This way, they know when and how things are going to happen. But when they get out of a routine, like going to camp, or away for a weekend, they may feel a little uneasy. It is always a good idea to let them know what will happen, and when. Give them time frames. It is also nice for them to know how it will happen. Reassure them of who they can ask if you are not around. It may be necessary to encourage periods of rest throughout the day.

Before you start:

- Ensure that you wash your hands immediately before and after meals. Be hygienic.
- Use your discretion as to whether you need to use a bib or clothing protector.
- Check whether they have any adaptive equipment to assist them such as utensils, plates, straws or non-slip mats, cups with spouts. Do not use glasses if they have a biting reflex.
- Tilt their head forwards slightly, and ensure they are looking straight ahead. Check that the body is straight.
- Be around eye level and sitting slightly to the left or to the right. Do not stand or hover, as this will make them feel rushed.



Amanda helps Shannon with her drink.

Feeding:

- Ask them what food they would like next and/or tell them what food is on the spoon/fork.
- Only give small mouthfuls to avoid coughing and choking. If food or drink does go down the wrong way, it may lead to chest infections.
- Approach with the utensil from below the chin, up to the mouth.
- Place food on the first third of the tongue.
- Remove the spoon by lifting it up and back, and scrape food off the utensil with their top lip – do not use their teeth. Be aware that some people will have involuntary reflexes such as a biting reflex they cannot control.
- Give small sips of drink throughout the meal. Be careful that drinks are not too hot, and do not overfill the cup. Check whether they need thickened fluids. Usually it is best to finish with a drink to wash the food down and rinse their mouth.
- At the end of the meal, ensure their hands and face are clean.
- Choose conversation and when to speak wisely. For example don't ask them a question right before you give them a mouthful. It is best to keep jokes until after the meal is completed. For someone who has difficulty eating, it is very easy for the food to go down the wrong way, and to choke.

Most of the people that require assistance for personal cares have moderate to severe physical or intellectual disabilities. Any of these disabilities could be from birth, or acquired over the lifetime from a medical condition or an accident. Regardless of the disability, remember that the individual is a person who needs to be treated as you would anyone else—with dignity and respect. For all personal cares, put yourself in their position – think about how you would like to be treated. If it helps, maybe you could simulate having a disability yourself, and perform some of the tasks in this booklet.



Everyone is able to contribute at National Camp.

Before initiating any personal cares, it is important to use the appropriate method of communication for the individual. Some people will have difficulty with their speech. You will need to know that they understand you, and that you understand them. For further details, you can refer to the CMWDT booklet on Communication.

As a helper, it is necessary to gauge how much assistance someone may require. On the one hand, it is important that people are as independent in tasks as possible, so that they maintain as much function as they are able. Be supportive and encouraging if they are not confident. On the other hand, a helper is responsible for the task to be carried out in a safe manner – do not put anyone in a situation of risk—including yourself! Never be afraid to ask someone to help you. Don't feel like you are alone.

Wheelchairs

There are basically four main types of wheelchairs:

- Transit wheelchairs
- Self Propel wheelchairs, Sports wheelchairs
- Electric wheelchairs - can be operated by hand, chest, chin, mouth or head; may have moulding or prop-sides for correct positioning; head rest usually removable; can be pushed if necessary on manual mode; need to be charged overnight
- Scooters—needs to be charged overnight

Most have the same basic features.

- Foot-rests swinging, detachable, fixed, retractable or elevated
 - Armrests fixed or removable
 - Brakes all different
 - Tip bar/ lever at rear for getting up curbs and slopes
- Regular maintenance and cleaning is important. Transit and Self-propel wheelchairs can be folded to transport or to store as follows:



To open the
Wheelchair



To fold the
wheelchair

To open:

Keep fingers turned towards the middle of the seat. Press with the heels of the hands on the two sides of the seat of the chair.

To fold:

Remove cushion. Pull up on seat canvas at the centre front and back. When pushing someone in a wheelchair, think about how they are feeling. It can feel uneasy to be wheeled backwards. Are you going too fast, or too slow? Is the sun in their eyes? Is the uneven surface making them uncomfortable? Carefully plan the best route to the destination. Think about where to park the car. Are there ramps? Are there accessible toilets? Try to avoid obstacles like curbs, stairs and uneven surfaces. But if they can't be avoided, try the following techniques.

Eating/Drinking

Eating should be an enjoyable time that is anticipated with pleasure. Unfortunately, the pleasure and enjoyment most of us associate with a good meal is frequently not experienced by the person with a severe physical disability.

Many people will be able to feed themselves and have a drink if they have the correct cutlery and cups. The meal needs to be cut into bite-sized pieces. Others will need you to be their hands. Often foods like raw carrots and lettuce will be hard to manipulate in the mouth. Soft food like cooked vegetables or bread are easier. Encourage a balanced diet.

It may be necessary to watch which foods are being eaten, and in what quantities. For example, some people with intellectual disabilities do not know which are the healthy foods to eat, or when they have eaten too much. They may need a reminder—be strong, but loving. Also, some people in wheelchairs exert less energy than able-bodied. Therefore they should be encouraged to eat in moderation. However, some other people in wheelchairs who eat slowly or have high tone, should be given extra time and be encouraged to eat more so that they can consume enough goodness from their meals.



It may be necessary to offer assistance to someone with their drink.

When dressing/undressing the lower body:

- Put the underwear, garments and footwear on whilst seated, then assist to stand only once, and pull all the garments up at the same time. This avoids unnecessary transfers and reduces fatigue for the person assisting and the person being assisted. You may find it easier to use a lifting belt.
- If the person is unable to stand, they may be able to lie on the bed and “bridge” their hips by lifting their bottom off the bed so that you can pull the garments up or down. Alternatively, whilst they are lying you may bend their knees, turn the legs to one side as you pull the pants on/off one hip then turn the legs to the opposite side to pull up/down over the other hip.



“Bridging” for dressing the lower body

Grooming

- Ensure all teeth are brushed enough. Many will have an electric toothbrush. It is handy to have a cup and a straw handy for rinsing.
- Teeth need to be brushed at least twice a day. Some people will also gargle mouthwash to kill hard-to-reach plaque.
- If people have false teeth they are to be removed to be washed with a toothbrush. Their mouth must also be washed and rinsed before teeth are replaced.
- Check with them how they usually wear their hair and/or make-up.
- In summer it will be necessary to put sunscreen on them wherever they are not covered by clothing. Remember to reapply regularly throughout the day, and after swimming.

When wheeling the chair up or down a curb:

Tip it back slightly using the tipping bars at the rear. Place the front wheels onto the other level, then carefully climb the bigger wheels onto the same level. Alternatively you could wheel the chair gently backwards. Ensure they are wearing their belt.

When going up or down steps:

Caution needs to be taken as this is potentially a dangerous and nerve-racking manoeuvre for both the person in the wheelchair and the people assisting. The more people assisting, the better. Before you begin, make sure all people know what the plan is, and how they will be doing it. One person will assist from the back of the chair, and one or more will assist from the front of the chair. When going up a flight of stairs, the chair should be tilted backwards and wheeled backwards up the steps. The wheelchair user should assist if able. When going down a flight of stairs, the chair should be tilted backwards and wheeled forwards down the steps.



Stowing the wheelchair in the car.



Using the tip bars to clear a door threshold.

To lift a folded wheelchair into the boot of a car:

Hatch-backs, or station-wagons are the best vehicles for transporting wheelchairs. However with any car, where there's a will, there's a way! Firstly, remove the detachable footrests and armrests and put them in the car. Place the folded chair close to and parallel with the boot. Bend your knees and hips—keep the lumbar curve in your lower back. Grip convenient non-moving parts of the chair—you may find it useful to put the brakes on. Lift the chair vertically by straightening your legs, and balance it on the edge of the boot. Tip the chair towards you. The weight will still be taken by the wheels resting on the edge of the boot. When it is nearly horizontal, slide it into the boot. Reverse the process to remove the chair.

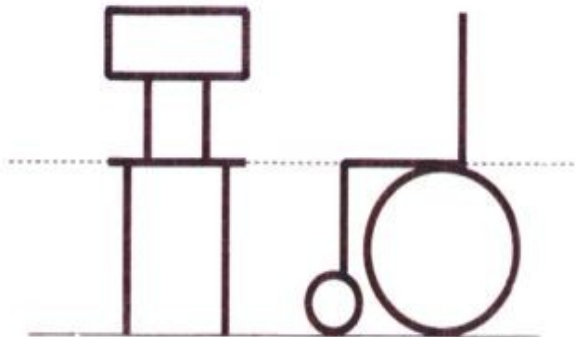
Transfers

The lower back injury is the most common injury for health workers. Pain can start in any of the structures of the back, including the 24 vertebrae, the discs, ligaments and muscles. It is therefore important that all people involved with transferring people are aware of safe body mechanics and transfer techniques. The technique must be safe for both the person being transferred and the person/people assisting the transfer. The following are some guidelines:

Step 1: Prepare the environment

Think about additional aids such as lifting belts or transfer boards.

- Chairs usually easiest at right angles
- Chairs at similar heights
- Free from obstacles
- Even, non-slip surface
- Brakes on
- Footplates removed



NB: Where possible, the person should transfer to their stronger/more functional side.

Dressing

- Discuss how much assistance they would like. Some people will have dressing aides such as easy-reachers and dressing sticks. Others will have adapted clothing such as elastic laces and velcro buttons.
- Always ask what they would like to wear. Encourage clean clothes to start every day. Ask them to make choices such as colour and style of clothing. People with intellectual disabilities may need reminding as to what goes on first. Some people will have a particular sequence that makes dressing easier for them.
- People who are less active in wheelchairs do not exert as much energy as able bodied, and as a result may be colder. Many will chose to wear a singlet or extra clothes to keep themselves warm. You will need to remind some people to put on or take off warm clothes over the course of the day.
- If balance is compromised, dressing and undressing are usually easiest when sitting or lying on the bed.

When dressing/undressing the upper body:

- Always dress the arm with the least function first—for example, the arm with little or no movement or with high muscle tone. When undressing the procedure is reversed with the most functional arm undressed first.
- Insert their arm into the sleeve as far as you can, then run your hand up into the sleeve and help to straighten their arm as you pull up the sleeve well over the elbow to the shoulder. Then dress the other arm and pull it over their head or button the cardigan.
- It will usually be easiest to take a sweatshirt off by pulling it over the head first, then pulling it off the arms.



Lauren assists Valerie to put her cardigan on her arm with the least function first.

Bathing/Showering

There are various ways to bathe. Most will use a wet-area shower, but others may use the bath or sponge-bathe themselves with a cloth and a basin. Those using the shower may sit, or stand with the rail. People who use wheelchairs will most often find it easiest to sit on a shower commode.

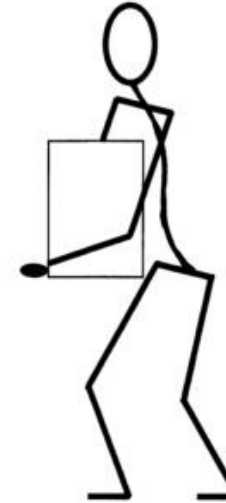
Before you start:

- Think about what you are wearing. You are likely to get wet! Wear something that doesn't matter if it gets wet. You could even wear gumboots or a rain-jacket. Be creative!
- Collect any necessary bathing equipment/aids before you begin. Do not get wheelchairs wet. Some people will have things like soap mitts, long-handled brushes and non-slip mats to help them. Most people with mobility difficulties require a seat or commode chair.
- Ensure all supplies are in reach. Don't forget things like towels, soap, shampoo, flannels, razors, talcum powder and something to change into at the end.

Washing:

- Maintain the person's dignity through privacy. Do not leave the door wide open.
- Check the water temperature on yourself first! Keep them warm in the shower with the water on their chest or their back.
- Always request and allow them to do as much as they can independently.
- Remember what has been washed!
- Do not leave them alone if they are at risk of falling—ask someone for assistance if necessary. Too many hands are safer than not enough!
- You could try holding a flannel over their eyes when washing out the shampoo and conditioner.
- When completed, make sure that they get dried completely and promptly, and that they do not get too cold. Talcum powder can be applied to damp areas and helps to dry them. This may also make dressing easier.
- Always dry the floor before attempting transfers.

Step 2: Prepare your posture



- Hold the person close to your body
- Tighten your abdominal muscles
- Maintain the lumbar curve of your lower back.
- Bend your knees at all times
- Have your feet apart in a walk stance

Step 3: Procedure

- Make sure that all people involved know where the person is being moved to. Keep instructions simple.
- Ensure that all people involved in the lift/transfer know when to lift ie. count together “after 3...1...2...3...LIFT”.
- Turn with your feet – pivot or step to avoid twisting. This will allow your legs to do most of the work.
- If the load starts to slip, go with it...gently. You can always think about how to get the person up off the floor again, but a back injury could last you a lifetime!
- Lower the person onto the seat gently—do not drop them down or drag their skin on the seat as this will cause tissue damage and could lead to pressure areas.
- Use the techniques outlined on the following pages.

Technique #1— “standing” transfer

This technique is to be used when the person has some function in one or both legs. Stand in front of the person. Put their arms about the top of your back. Put your arms around their mid to low back. You may find it easier to use a lifting belt. Put your knees against theirs, bend knees and lift. Either pivot your feet to sit them in the other chair, or step around. Lower them gently to avoid dragging or jolting.



Toilet Options

There are a number of different ways people with disabilities relieve themselves. Both males and females can use:

- A urinal bottle or bedpan
- A temporary or permanent catheter. The catheter usually drains the urine into a bag strapped to the leg. This can be emptied into the toilet or into a urinal bottle by releasing the valve at the bottom of the bag. If there are no urinal bottles around, you may need to brainstorm other ideas. Desperation can lead to much creativity! Don't forget to close the valve after this is completed!
- Some people will find it easier to be transferred onto a commode that can be wheeled over the toilet pan. This is especially good when there are no wheelchair facilities.
- Some people will use incontinence products such as briefs or pads. As with usual underwear, when soiled they must be changed into clean dry clothes immediately. This is essential to keep the skin healthy.
- If possible, most people prefer to transfer onto the toilet. As with any transfer, discuss with the person how they usually transfer and what assistance they require—check how the toilet layout differs to theirs at home ie. rails, direction of transfer. Most people will find it easiest to use the wheelchair accessible toilet and the transfer techniques already outlined (standing transfer or the top and tail transfer). Many will pull themselves up to stand with the assistance of the rail. You may find it easier to move them on and off the toilet seat if you sprinkle a fine layer of talcum powder onto it.
- Some people will be able to wipe themselves, whereas others will require assistance, usually with the person leaning forwards, or standing with assistance of someone else or the rail. Some people need only to be reminded to wipe properly.



This shower commode is useful for wet-area showers and being transported over the toilet pan.



The leg bag is emptied into the urinal bottle.

Using the Toilet

Things to remember when assisting someone to use the toilet

- Always let them do what they can for themselves.
- Always wear disposable gloves when available.
- Maintain their privacy as much as possible. For example, when they are securely in place, you can step out of the room if they are not at risk of falling. Don't leave the door wide open or speak loudly about personal things.
- Remind them to wash their hands after using the bathroom too, especially if they have used the rails or touched anything. You must wash your hands afterwards too, even if gloves were worn.
- Do not struggle to manoeuvre the individual on your own. Always get someone to help you if you are unsure.
- Some people may need reminding to use the toilet throughout the day—it needs to be monitored. Generally speaking they should always use the toilet before bedtime, and first thing in the morning.



An accessible toilet is shown above. Notice the door width, high toilet, placement of rails and spacious cubicle for easy transfers.

Technique #2— “top and tail” transfer

This technique is to be used when the person has little or no function in their arms and legs. One person stands behind the chair with feet apart in walk stance. Whilst bending at the knees they slide their arms under the person's arms and take hold of the person's forearms, crossing them over at the chest. The second person stands in front and takes the person's legs under the knees. Both lift and gently transfer to the other chair, which is usually easiest if parallel. The same technique can be used to sit them in a more upright position, or relieve pressure on their buttocks to avoid pressure areas.



If the person you are transferring has some function in their legs, you may perform this transfer with just one person. Take their upper body using the same technique above and transfer them to the chair placed parallel.

Transferring in/out of the car

This is probably the most difficult transfer. Mostly because cars are often very low, and access into them is limited in direction.

There are many ways to get in and out of a car. People using electric wheelchairs will use a wheelchair lift/hoist into a van. Other wheelchair users may transfer independently or with assistance of people or a transfer/sliding board. The wheelchair can be lifted onto the roof with a hoist, or stowed in the boot.

Generally speaking, the best idea is to follow the transfer guidelines already mentioned (standing, or top and tail transfer). It is usually best to get the wheelchair at 90 degrees to the opening and as close as possible.

Always watch their heads! You don't want them to bang them while getting in or out of the car.



Annette transfers into her car using a transfer board.



Trish is lifted into the van using the hydraulic hoist.

Transferring in/out of bed

Some people will use a hoist to get in and out of bed. Hoists are easy and safe to use when shown how. Other people can be transferred manually with the assistance of one or two others.

To get into bed:

Use the same transfer techniques already outlined (standing or top and tail transfer). Aim them to sit in the middle of the bed, with the buttocks well back. Once sitting upright on the bed, put one hand on their shoulder blade and the other under their knees. Lean them back and swivel legs up and around onto the bed.

It may be helpful to use pillows to hold someone in one position when they are going to sleep. For example, if they would like to sleep on one side, you could prop them up with pillows against their back. Tucking sheets in tightly around them may help them to feel more secure in a foreign bed.

To get out of bed:

This can often take a bit more time, as joints don't move as freely after being in one position all night long. Move the legs over the edge of the bed. Place one hand under their shoulder. Push down on their knees and pull their body up into a sitting position with your other hand. Allow them to sit for a few moments to stabilise their blood pressure. Use the previous transfer techniques outlined (standing or top and tail transfer) to transfer into the wheelchair or commode.