

Bathing Training Curriculum For Direct Support Professionals

Studies show that most accidents occur in the home. There are a number of factors that increases this number in a residential setting. For example, Staff are responsible for providing care to more than one person and the may also be responsible for a number of other duties including, preparing dinner, giving out medication and working on performance goals. Given these factors, it is vital that attention and skill is given during bathing time. One minute away, could lead to a disastrous event.

The following is a training curriculum that serves to train staff (Direct care Professionals) on bath safety. I have included the lesson plan also in a PDF format and a demonstrative checklist. Once completed, staff should be able to show their competency level in bathing an individual safely. This training also satisfies and supports Core Competency 5 (safety) and Core Competency 6(Having a home).

Title: Bath Safety Training

Description Training:

This module is intended to provide direct support professionals with principles and strategies which will assist them in the preparation, supervision and assistance necessary to ensure the safety of people with developmental disabilities. The first section focuses on identifying and evaluating required staff supervision. Section 2 includes the responsibilities of staff during bathing time.

Learning Objective(s):

- Demonstrates steps to ensure all necessary bathing items are in the bathroom before preparing for bathing time.
- Evaluate the level of supervision needed
- Define the characteristics of a burn
- Distinguish temperature for bathing vs. showering
- Identifying the process of bathing residents to ensure the process is safely carried out.
- Explain the risk for people with disabilities

Maximum Group Size:

Training segment 10- competency portion should be conducted one person at a time.

Blooms Taxonomy:

- Remember
- Understand
- Apply

Required Employees: Direct Support Professionals

Materials:

- Handout
- Handout
- Competency test
- Competency

Training: 1 Hour

Objective 1: The participants will be able to explain bathing risk for people with disabilities

Lecture:

The trainer will begin this session with a brief introduction on the magnitude of the problem regarding accidental deaths, bathing injuries including scalding. In your own words, please say the following:

Studies show that after the swimming pool, the bathtub is the second major site of drowning in the home including residential settings with seizures accounting for most of the common causes of bathtub drowning.

The National Safety Council reported that one person dies everyday from using bathtub in the United States. That more people have died from bathtub accidents than all forms of road vehicle accidents.

Injuries from the bathroom included slipping and falling when entering or exiting the bathtub or shower.

A study concluded by the State University of New York State found bathing difficulties included maintaining balance when bathing and making transfers.

Inform participants the following:

Near-drowning happens very quickly. Within three minutes of submersion, most people are unconscious, and within five minutes the brain begins to suffer from lack of oxygen. Abnormal heart rhythms (cardiac dysrhythmias) often occur in near-drowning cases, and the heart may stop pumping (cardiac arrest). The blood may increase in acidity (acidosis) and, under some circumstances, near drowning can cause a substantial increase or decrease in the volume of circulating blood. If not rapidly reversed, these events cause permanent damage to the brain

Ask – How much water does it take to drown?

Answer- inches of water in the bathtub. Any amount of water that covers the mouth and nose.

Who is at -risk?

Tell the participants the following people are considered high risk for accidents and drowning in the bathtub or shower:

- Older people
- Residence with a history of seizures
- Residents diagnosed with dementia or Alzheimer
- Residents who require assistance or supervision for mobility, transfer or ambulation.
- Lack of understanding of one's own physical and cognitive limitations.

Scalding

The trainer will introduce the segment on scald burns. Tell participants that *individuals with physical, cognitive and emotional challenges are at high risk for burn injuries due to mobility impairments, muscle weakness and slower reflexes.* Further explain that, *sensory impairments can result in decrease sensation in the hands and feet with the resident not realizing the water is too hot.*

The instructor will discuss the following handout:

Time and Temperature relationship to Severe Burns

Water Temperature	Time for a third degree burn to occur
155° F	1 second
148° F	2 seconds
140° F	5 seconds
133° F	15 seconds
127° F	1 minute
124° F	3 minute

120° F

5 minutes

100° F

Safe temperature for bathing

Objective 2: Define the Characteristics of a Burn

In this section, the trainer will give the definition of a burn, Explain to participants that a burn is damage to the skin and underlying tissue caused by heat chemicals or electricity.

Further explain, *Burns range is severity from minor injuries that require no medical treatment to serious, life-threatening and fatal injuries. Further explain that burns are categorized by degrees. Have participants turn to the handout on burns.*

Superficial (first degree burns)

Causes : sunburn, minor scalds
Generally heal in 3-5 days with no scarring
Characteristics;

- Minor damage to the skin
- Color- pink to red
- Painful
- Skin is dry without blisters

Partial thickness (second degree) burns

- Damages, but does not destroy top two layers of the skin
- Generally heal in 10-21 days
- Does not require skin graft*
- Skin is moist, wet and weepy
- Blisters are present • Color – bright pink to cherry red
- Lots of edema (swelling)
- Very painful

Full thickness (third degree) burns

Destroys all layers of the skin
May involve fat, muscle and bone
Will require skin graft for healing*

Skin may be very bright red or dry and leathery, charred, waxy white, tan or brown
Charred veins may be visible

Area is insensate – the person is unable to feel touch in areas of full thickness injury

*Except for very small (about the size of a quarter) full thickness burns will require a skin graft to heal. The patient is taken to the operating room where all the dead tissue is surgically removed. Skin is taken or harvested off an unburned or healed part of that person's body and grafted or transplanted to the clean burn area. In seven to 14 days, this grafted skin "takes" or adheres to the area and becomes the person's permanent skin. The donor site (where the skin was harvested from) is treated like a partial thickness burn and heals within 1- to 14 days.

Objective 3: Identify the process of bathing residents to ensure the process is safely carried out

The trainer will discuss the importance of following the appropriate steps when giving a resident a shower:

When escorting a resident to the bathroom, the following items should be gathered and taken to the bathroom:

- *Washcloth/bath sponge*
- *Towel*
- *Body wash/soap*
- *Body lotion*
- *Toothbrush*
- *Toothpaste*
- *Mouthwash*
- *Hair shampoo*
- *Hair conditioner*

The trainer will remind participants not to leave the participants in the bathroom alone under any circumstances for those requiring supervision.

Ask- What circumstance might a person leave the person alone.

The participant should respond- none.