



Protocol for Assessment of Bathing/Water Temperature Regulation

Bathing and personal hygiene is an area in which the person's privacy, dignity and choice must be respected. These guidelines are based on two key objectives:

- to ensure that independence is promoted and;
- to ensure that bathing and personal care activities are carried out safely in accordance with relevant regulatory guidelines and Agency policies and procedures.

These guidelines apply to the assessment of bathing independence including the ability to regulate water temperature of persons living in Chimes residential facilities, as well as IFS caregiver homes.

GUIDELINES

1. Decisions regarding the level of supervision with regards to bathing and the regulation of water temperature should be determined with the individual and his/her team and documented in the *Service Funding* and *Individual Plans*. Staff should seek to promote independence in accordance with the person's abilities.
2. An assessment of one's ability to bathe and regulate water temperature should be conducted/determined, documented and taken into consideration prior to admission and when developing the *Service Funding* and *Individual Plans*.
3. The assessment should be submitted to the individual's team for consideration. The team should discuss the results of the assessment and make a decision regarding the required level of supervision.
4. The assessment should be reviewed annually at a minimum or more frequently as indicated in the *Individual Plan*.
5. The assessment should take into consideration the following information:
 - Does the person understand that they should never use any electrical appliance anywhere near water due to the high risk of electric shock and severe injury or even death?
 - Does the bathtub/shower area have sufficient lighting so that the person is able to see the controls?

- Does the person require adaptive equipment such as a shower chair, or other non-stationary bath aids?
- Are there medical concerns such as epilepsy?
- Is the person able to get in/out of the bathtub independently?
- Is the person able to maintain balance when bathing and/or making transfers to the tub and/or shower?
- Is the person able to stand in the shower or sit in the bathtub unaided?
- Is the person capable of calling for assistance?
- Is the person able to reach the controls from outside the tub/shower?
- Is the person able to see the controls?
- Does the person understand the signage for water temperature and flow? Hot/Cold/Off/On
- Is the person able to understand the operational demands of the faucets (push and turn, pull and rotate, etc.)
- Is the person able to grasp the controls and open the faucet valve?
- Is the person able to adjust the water temperature and flow?
- Is the person able to recognize when the water is too hot?
- Is the person liable to add hot water if unattended?

6. Since bathing and showering provides the ideal opportunity for staff to monitor the individual's general and physical well-being, the plan may need to be amended if any of the following problems are noted:

- Self neglect
- Contenance problems
- Bruises/breaks in the skin
- Loss of physical independence in other daily living skills



Assessment of Bathing and Water Temperature Regulation

NAME: _____ DATE: _____

INSTRUCTIONS: This assessment should be completed by a caregiver that is knowledgeable of the person's skills and abilities prior to admission to a Chimes program or service. For all other person's it should be completed with input from a direct support professional that has knowledge of the person's skills and abilities prior to the annual team meeting.

CIRCLE ONE RESPONSE: (YES or NO) Provide detailed comments if NO is circled.

YES NO Does the person understand that they should never use any electrical appliance anywhere near water due to the high risk of electric shock and severe injury or even death?

Comments: _____

YES NO Does the bathtub/shower have sufficient lighting so that the person is able to see the controls?

Comments: _____

YES NO Does the person require adaptive equipment such as a shower chair, or other non-stationary bath aids? Specify equipment:

Comments: _____

YES NO Are there medical concerns such as epilepsy?

Comments: _____

YES NO Is the person able to get in/out of the bathtub independently?

Comments: _____

YES NO Is the person able to maintain balance when bathing and/or making transfers to the tub and/or shower?

Comments: _____

YES NO Is the person able to stand in the shower or sit in the bathtub unaided?

Comments: _____

YES NO Is the person capable of calling for assistance?

Comments: _____

YES NO Is the person able to reach the controls from outside the tub/shower?

Comments: _____

YES NO Is the person able to see the controls?

Comments: _____

YES NO Does the person understand the signage for water temperature and flow?
Hot/Cold/Off/On

Comments: _____

YES NO Is the person able to understand the operational demands of the faucets
(push and turn, pull and rotate, etc.)

Comments: _____

YES NO Is the person able to grasp the controls and open the faucet valve?

Comments: _____

YES NO Is the person able to adjust the water temperature and flow?

Comments: _____

YES NO Is the person able to recognize when the water is too hot?

Comments: _____

YES NO Is the person liable to add hot water if unattended?

Comments: _____

COMPLETED BY: _____ DATE: _____

DETERMINATION OF LEVEL OF SUPERVISION: Based upon the results of the assessment and discussion by the individual's team members, the following has been determined regarding:

1. Ability to Regulate Water Temperature

Level of Supervision:

_____Independent_____Requires Assistance_____Dependent

Describe the parameters of *Requires Assistance*:

2. Ability to Bath

Level of Supervision:

_____Independent_____Periodic Supervision_____Dependent

Describe the parameters of *Periodic Supervision*:

COMPLETED BY: _____ DATE: _____

TITLE: _____