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# **Standard Precautions and Guidelines for Hands On Care**

*by Irene Smith*

## **STANDARD PRECAUTIONS FOR HANDS-ON PRACTITIONERS**

Providing hands-on care to clients at the end of life requires the practitioner to follow specific hands-on precautions. Standard precautions have been developed to protect the client and the practitioner from contagion. Please note that these precautions should be followed in home and inpatient care.

### **Thorough Hand Washing**

Thorough hand washing is the primary precaution for minimizing the risk of contagion as a hands-on practitioner. The following procedure should be followed after you have entered a client's room, acquired your information, and arranged the room for your session. You will follow this procedure again when you are finished with your session.

- Assess the hand washing site (they are all different).
- Place a dry, folded paper towel on a dry area of the sink.
- Place the lotion bottle on the paper towel.
- Turn on the water to a comfortable temperature.
- Wash your lotion bottle, rinse it, and return it to the paper towel on the sink.
- Wet your hands and forearms.
- Apply soap.
- Spread your fingers and work the soap into a lather for 15 to 30 seconds. Be sure to overlap the thumbs. Bring the lather up to the elbow on one arm and wash well. Work each finger with the lather and be sure to wash under the nails.
- Repeat the procedure on your other arm and hand.
- Rinse the arms and hands.
- Turn off the water with a paper towel. Throw away the towel.

- Take 3 paper towels together, fold them in half, then in half again.
- Use one side to dry each arm.
- Open and use the dry portion to dry off the bottle.
- Turn over and use the last dry portion to open the door if you are in a closed area.
- Throw the paper towel into a receptacle with a foot pedal or one that is open. Do not use a receptacle with a lid you must push or lift.

## **The Use of Gloves**

There are 2 primary glove materials: vinyl and latex. The guidelines below can help you choose the appropriate type for your work.

### ***Latex***

If you use latex gloves, use massage lubricants that do not contain petroleum products. Petroleum based products will stretch latex. Latex begins to weaken after 90 days of being in the air; therefore, buy your gloves in pairs for your private use. If you are in a hospice or hospital unit, boxes of gloves will be available. They are used so fast that they will be appropriate for you to use. To keep latex strong, store it in the refrigerator. More and more people are showing allergic reactions to latex. These reactions may be mild or life threatening.

### ***Vinyl***

Because of allergic reactions, vinyl gloves are becoming a more viable option than latex for hands on practitioners. Vinyl gloves are also smoother than latex and may be preferred for bodywork.

### ***When to use gloves***

- When you have any non-intact skin on your hands (*Examples:* cuts, warts, scabs, or a non-contagious rash). A way to determine whether an area is intact is to wipe it with alcohol or witch hazel. If it stings, cover it.
- When there is the possibility that an infectious sore on your client is weeping. There is also the possibility with a bedridden client that the secretions have spread to other areas of the body and soiled the bed linens as well. Wear gloves to bathe an area not affected by the sore, such as feet or hands, which are easy to bathe, and confine your session to that area. This will minimize the risk of spreading the infection to other areas on the client's body. Do not touch the sore. If the secretion has been assessed as non-infectious, you may simply perform bodywork wearing gloves without bathing the area first. However, I find it more hygienic for my client to follow the previous procedure

### **Bathing an area of the body before touching**

With the primary care person's permission, you may bathe one area of the body. Full bed baths take a great deal of skill and training, and are considered to be nursing care. Assisting a nurse during a bed bath is appropriate.

- To bathe a foot or hand, first protect the bed linens by laying a clean plastic garbage bag under the limb, and a towel over the plastic bag. If a garbage bag is not available, use a diaper if it has a plastic side. Fill the bedside pan half full with warm soapy water and find a washcloth. Wash both feet or both hands. Change the water in the bedside pan to clean water. Rinse out the washcloth and rinse the area you washed. Dry the area. Empty the bed pan, and return the wet washcloth to the client's bathroom, or put it in the appropriate receptacle. Remove your gloves and wash your hands. You now have a clean area to perform your session.
- Wear gloves if your client has a low white blood cell count. This information will be on the door of your client's room. This information may be posted as "Neutropenic Precautions" in a hospital setting.
- Wear gloves if the protocol of the setting you are in requires them.
- Wear gloves if your client's bed linens are soiled with blood, feces or urine.
- Wear gloves if your client asks you to. Sometimes a client will be feeling vulnerable or frightened about infection and request you to wear gloves.
- Wear gloves if you are feeling vulnerable. There may be a certain smell or symptom that puts you on guard. Honoring your own vulnerability is important. Communicate your need to your client.

### **Communication**

When it's necessary to wear gloves during a massage session, communicate with your client. Tell him or her why the gloves are necessary. Communication in regard to wearing gloves is deeply appreciated, and will most always defer any resistance from the client.

### **How to put on gloves**

1. Remove rings and bracelets
2. Wash hands and forearms
3. Dry skin thoroughly
4. Put on gloves

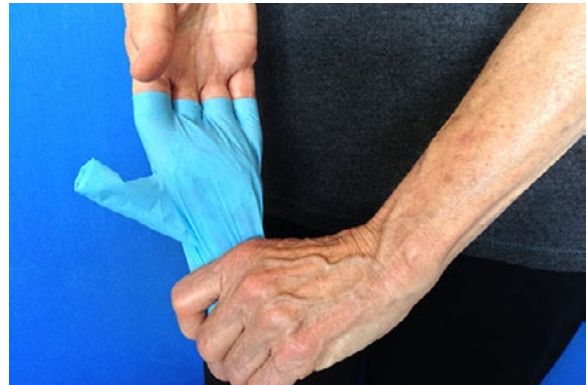
### **How to take off gloves**

1. Remove the first glove by pulling it off with the gloved hand. As you are pulling off the glove, gather it into the palm of the gloved hand.
2. Remove the second glove by placing a finger inside the glove and pulling down over the first glove. Be cautious not to touch the outside of either glove.
3. Dispose of the gloves after each use.
4. Wash and dry your hands thoroughly. (Gloves do not take the place of thorough hand washing.)



### **Finger cots**

Finger cots are coverings that fit over a single finger. I find that most skin that is not intact may occur around your fingernails. Finger cots provide a convenient option. Finger cots are available in latex or vinyl at many drug stores.



### **Masks**

#### **When to wear a mask**

Wearing a mask will be necessary if your client has a wet productive cough, and you do not know the history of the cough to rule out TB. (For example, you might rule out TB in the case of a long-term client who smokes, and who has always had a slight bronchial congestion, or a client who is recovering from bronchitis.) TB does not always test positive with the current TB test. Therefore this precaution is conservative.

You will wear a mask if your client's white blood cell count is low. This client will be in hospital care and this precaution will be listed on the door of the client's room.



### **Facts about masks**

- Purchase masks at a hospital supply company.
- Ask for a model that is TB safe. It must fit snugly around the face
- Try on the model to be sure it is comfortable.
- If disposable, buy several.
- If you are a member of an inpatient unit, masks will be available. However, it's best to have a mask that you know is protective for the duration of your session, and one that fits properly. You now have 2 items to place in a carrier for your bodywork sessions: 2 pairs of gloves and 2 masks. You will also want to carry your own hand washing equipment.

### **Caring for Equipment and Supplies**

#### ***Hand washing equipment:***

##### ***Pre-visit***

- Wash and dry your lotion bottle and bottle of soap (if you are taking your own). Be sure to wash the bottle cap and the flip-up nozzle on the cap.
- Place equipment into a fresh zip lock baggie (a fresh one for each visit).
- If you are working in a client's home, take a roll of paper towels. Do not assume there will be clean towels for you to use. If you are working with clients in more advanced stages of illness, you will work with them in beds. In facility care, most often extra linens will be available. Inquire at the nurses' station. If you are working in a private home, call in advance and let the primary care person know what you need. If extra linens are not available, be prepared by taking a clean sheet and a towel for your session. This will assure you of having a clean place to work from in the bed. Place the sheet and towel in a separate baggie.

##### ***Post-visit***

- When your session is over, place your towel and sheet into the original baggie.
- Wash these linens with hot water and dry on high heat. If the linens have bodily fluids on them, wear gloves to place them in the washer. Use 1/4 cup bleach in the wash.

As a body worker at the bedside, it is inevitable that you will come in contact with linens soiled with urine, feces and/or blood. If the bed linens or your client's bed clothes are wet, have them changed before providing the session. If this is not possible, then provide your touch session to an area of the body not in contact with the soiled linens or wear gloves. Gayle Mac Donald, internationally respected author and educator in the field of oncology massage, teaches to wear gloves.

As a practitioner who performs body work sitting, I usually lay a hand and/or my arm on the bed, therefore, I lay a clean sheet or towel over the area of the bottom sheet that I am touching. This not only insures that I have a clean space to work from, but it also insures that I am not soiling my client's bed linens with my clothes.

Guidelines and precautions can change. Network with your local hospital and connect with the Disease Care Specialist. Ask if there are any special concerns in your area. You may also go to the web site for Centers for Disease Control in Atlanta for updates at [www.cdc.gov/](http://www.cdc.gov/)

## **Contraindications for Touching**

Skin conditions are common with dying persons. Rashes may be fungi or allergic reactions to drugs. Some rashes may be spread to other parts of your client's body by touching them. This is a consideration when working with a client's feet where toenail fungus is present. Do not work on the affected toes. Allergic reactions may also become irritated by touch. Limit touch to unaffected areas of the body. This is also a good guideline for psoriasis and eczema, so as not to irritate the condition.

If you are working with a client in a private setting who has an unidentified rash, I advise that you postpone your touch session until there is identification. If you are in a health care setting, you can check with the nurse as to the history of skin conditions with your client, or new medications that might be causing an allergic reaction. Do not incorporate touch until the condition has been identified.

Open sores, cuts, abrasions, and puncture wounds (such as recent IVs or blood tests) are very vulnerable areas for an immunodeficient client. The risk of infection is high. Never touch these vulnerable areas. Areas that are bruised, discolored, or have unidentified swellings should be avoided. You may send warmth and healing to these areas by holding your hands above the body with a focused intention.

When the client is dehydrated, tissues are more fragile and your actions should be greatly modified with reductions in pressure, speed, and duration of work.

If your client has areas of numbness or is taking pain medication, the ability to clearly assess a comfortable pressure may be distorted. Use gentle touch techniques to avoid causing injury that is not felt by the client.

Constant verbal, tactile, and visual assessment is vital to providing touch sessions for a seriously ill client. You may be viewing your client's body more intimately than anyone else. Communicate with your clients. Let them know what you feel and what you see, in a nonthreatening way.

If you are working in a hospital or as a home-care team member, report changes in your client's health, and/or any condition not included in your intake. Opening the channels of verbal communication builds trust in your client/practitioner relationships, allows you to more fully participate in your client's health care program, fills a major gap in the health care team, and will keep you from feeling so isolated.

## **BED SORES/PRESSURE SORES/DECUBITI**

When a person is immobile, his or her skin and soft tissue begin to deteriorate from ischemia (inadequate blood supply) caused by the pressure of hard surfaces (the chair, bed, or even oxygen tubing) against body. If the skin is kept dry, then the pressure damage occurs first in the tissues lying close to the bone, where the pressure is greatest, and it progressively extends to the surface. If the skin is allowed to be frequently moist or chafed by friction, then it will additionally deteriorate from the surface downward toward the bone. Either way, the result is a decubitus ulcer, also called a bed sore or a pressure sore.

The most common locations for decubiti are:

- the coccyx
- the ischia (the curved bone forming the base of each half of the pelvis)
- the greater trochanter (either of two knobs at the top of the femur serving for the attachment of muscles between the thigh and pelvis)
- the lateral malleoli (bony projections, especially on either side of the ankle)
- the heels
- the elbows
- the ears
- the scapulae
- the backs and sides of the knees
- the back of the head (see Illustrations).

When chronic pressure is applied to the body, circulation is decreased in that area and ischemia sets in, progressing to tissue death (necrosis) if not sufficiently reversed.

Prevention of decubitus ulcers is an essential component of care in all illness care environments, and it can be accomplished through:

- the use of an air mattress which reduces pressure on the body
- the use of down or poly filled boots that fit around the heel and the bottom of the foot fitted with straps across the top of the foot .
- helping the person change position at least every two hours (around the clock)
- keeping the person's skin clean and dry
- providing nutrition that includes adequate protein, vitamins, minerals, and fats
- if the skin is not reddened from moisture, friction, or ischemia yet, then you can gently mas-

sage in a circular or kneading pattern, encouraging circulation in and through each area of concern.

**Reference:** *Wholistic Pathology for Body Centered Therapies*

by Sharon Burch; Health Positive! Inc.; see page 74.

## **COMMUNICATING WITH PERSONS WITH DEMENTIA AND RELATED SYMPTOMS**

### **The Disease**

Dementia is the loss of mental functions such as thinking, memory, and reasoning that is severe enough to interfere with a person's daily functioning. Dementia is not a disease itself, but rather a group of symptoms that are caused by various diseases or conditions. Symptoms can also include changes in personality, mood, and behavior. In some cases, the dementia can be treated and cured because the cause is treatable. Examples of this include dementia caused by substance abuse (illicit drugs and alcohol), combinations of prescription medications, and hormone or vitamin imbalances. In some cases, a severe depression can be causing the symptoms. This is known as pseudo-dementia (false dementia) and is highly treatable. In most cases, however, true dementia cannot be cured.

Dementia develops when the parts of the brain that are involved with learning, memory, decision-making, and language are affected by one or more of a variety of infections or diseases. The most common cause of dementia is Alzheimer's disease, but there are as many as 50 other known causes. Most of these causes are very rare.

Dementia may cause a loss of motor control and short term memory loss. Short term memory loss may indicate that your client can forget where they are, who you are, and in advanced stages your client may forget who they are. These symptoms indicate a progressive state of disorientation. Persons with dementia will have more difficulty expressing themselves as dementia progresses, and they will also have more difficulty understanding others.

According to the Alzheimer's Association in the pamphlet "Communication," "Ongoing sensitive communication is important, no matter how difficult it may become or how confused the person may appear. Your clarity in communicating depends on your understanding of communication as more than talking and listening. Communication includes your attitude, tone of voice, facial expression, and body language."

I experience most of my clients as having some level of dementia. Many of these clients have been diagnosed with Alzheimer's Disease and that is in the initial intake information, however many clients do not have a specific diagnosis. As a touch practitioner I do not need to know the specifics of the diagnosis. I simply want to adjust my session to receive the symptoms as gently as possible and provide a session that is calming and sensitive. One of the most valuable skills in working with Dementia clients is learning to slow down and leave space in between actions as not to overload the nervous system with stimulus. I call it the integration of the pause.



**A Lost Pause; from Irene Smith's blog**

Many times the first day or more of my courses is spent teaching the skill of listening to one's self or, the pause, eye contact, and the concept of an exhale that does not have verbal information along with it. The exhale seems to be considered a technique, and questions as to how and why to pause and exhale, are asked over and over again.

I often stop talking and inhale and exhale slowly while teaching. One afternoon a student called out my previous sentence, thinking I had forgotten what I was saying. The era of hand held devices has left little space or pause in one's day. The space has been filled.

Personal reflection, listening to the texture of the body, and responding to the emotion of bonding with another human being all require us as practitioners to be quiet, breathe and listen to ourselves[ the pause] This process also allows the person we are with, a moment to hear themselves in order to fully receive the action that has already been provided.

The pause is the space where trust deepens, this is the space where bonding takes place, the place of integration. This is the empty space in a tea cup. The space that allows the cup to be filled. The empty space is in fact the most valuable space for without it there are no possibilities.

This empty space is mandatory for working with clients with dementia. This is the space that allows the client a moment to integrate stimulus and respond.

In a world where everyone has something in their ears, looking down at something else while performing a task that is totally unrelated to the previous two actions, humans have learned a digital form of being that has no organic relationship to human communication. There is simply no space to fully respond to the initial action.. The space is filled. Actions remain surface stimuli bouncing towards a target over and over and over, with no space in between. The result seems to be agitation.

Human communication is about listening and interacting with the reflections of ourselves that come forward in the silence... in the pause. Touch requires listening, and the willingness to allow our clients to respond fully to the physical and emotional responses our presence has elicited. Without this pause for observation and integration our work with dementia populations does not reach it's full potential.

The following guidelines in conjunction with the pause will assist you in remaining sensitive in your communications.

- Always approach the person with dementia from the front and tell the person who you are. Communicate at eye level. This may indicate that you sit to say hello.
- Use short simple words and sentences.
- Speak slowly and clearly. Breathe between thoughts.
- Give one step directions. (*Ex*) "Hold my hand" rather than," "Reach over and take my hand."
- Patiently wait for a response. Verbal response may be faster than body response. Allow time.

If the body does not respond repeat the request again exactly the same way as the first time. If there is no body response add a touch cue. If action does not follow then say, “That’s ok” and state what you are going to do next. “I am going to hold your hand.”

- Be willing to repeat information or questions. Use the same words each time.

Your client may forget who you are and what you are doing several times during a session. Be willing to repeat these very basic details as often as needed. This will require you to acquire permission over and over again in regards to touching your client. (*Please refer to page 40.*) Permission and trust building are ongoing with the client experiencing dementia.

The client may also suggest that you attend to an area of the body to which you have already attended. Be willing to touch the area again before moving on or simply repeat the actions.

- Clearly define what you are saying. (*Ex*) “I am using lotion,” instead of “I am using this.”
- Cueing

Cueing is talking the client through a request. (*Ex*) Instead of asking a client to turn over, you will say, “Turn onto your side.” You will touch the areas of the body affected to guide the client through the action. Then you will say, “Lie on your stomach.” Once again you will touch the areas of the body affected by the request.

- Turn questions into answers. (*Ex*) “I am going to touch your shoulder” instead of, “Do you want me to start with your shoulder.”

### **Additional Guidelines**

- Don’t take it personally

With short term memory loss there may be a sudden change in the relationship. You may be asked to leave or the client may simply say, “That’s enough.” Try and make each touch as complete as possible as the session may end at any time.

Feedback and gratitude at the end of a session may not be possible with more advanced symptoms of dementia because the session is not retained consciously. Be alert to the feedback expressed through the body and in facial animation as you facilitate the session.

- Over Stimulating

Stimulation is needed; however, overstimulation can be frustrating. Remember your client is integrating in slow motion. Perform bodywork for short periods of time Work slowly so you can observe the body’s response. After the initial trust building and set up for your touch session, 10 minutes of touching physically may be enough.

Remember you will be returning the room to its previous arrangement. Rearranging the room

is more stimulation and is still part of your touch session.

- Reporting

Grandiose ideas such as having lunch in Paris or having intimate relations with the body worker may be a symptom of dementia. Always report any out of the ordinary behavior to a staff member on-site. Make written reports on your sessions and note any irregular behavior or accusations.

- Always remember your client's safety

Short term memory loss and loss of motor control may indicate that your client can forget their physical limitations, such as not being able to walk. They may also not be able to clearly assess the edge of the bed. Stay alert to your client's limitations, the equipment you are using, your surroundings, and the directions you are giving. Be alert as well as compassionate.