Enabling residents to bath easily and safely

Although the main reasons for washing and bathing are to avoid body odour and to maintain good skin condition, it also provides a time to relax and unwind. Individuals develop their own personal preferences for washing their bodies: some enjoy long soaks or quick dips in a bath, while others prefer a shower or a strip wash. Personal choice should be respected unless specific medical or hygiene reasons shape the timing, frequency and method of washing.

In a residential care setting, bathing can pose particular problems for many residents, including:
- **Finding the way**
- **Undressing and dressing**
- **Getting in and out of the bath**
- **Filling a bath and temperature control**
- **Washing and drying the body**
- **Safety.**

**Finding the way**

Signs are useful, but residents with visual problems may prefer contrasting pictorial images. Bathroom doors painted the same colour will help residents to differentiate bathrooms from other rooms. The 'pink' or 'blue' door is easier to find than the 'fifth door on the left'.

**Undressing and dressing**

Different techniques, more manageable clothes and small assistive equipment can facilitate this activity, as described in Swann (2005). To help with adjustment of clothing and grooming, mirrors should be viewable from a seated and standing position.

**Getting in and out of the bath**

Equipment to assist with bathing includes the following:

- **Bathlifters**: These fit standard baths and are removable. Some have side flaps to help with safe transfer and avoid flesh being trapped. They transport a user from the top of the bath to below the water level. A safety strap provides added security when the bathlifter is moving.
- **Shallow baths**: These lightweight resin 'baths' have drainage plugs and fit over a standard bath. They are suitable for children or adults and raise the user higher than when using a normal bath and equipment.
- **Bathstep and step stools**: These are rarely recommended, as the problem of getting down to the water level still arises and a bathboard and bathseat provide a safer method of access. They are useful to access a shower.

**Special baths for disabled people**

Manufacturers produce several types of baths, including baths with integral lifting devices and specialized baths for disabled people (Box 1, Figure 1).

Preferably, baths should be sited to allow access at either side by a wheelchair or carer, with room to facilitate hoisting, if needed.

However, a care home can invest in ‘assistive baths’ only to discover that a standard bath with strategically placed handrails and a removable bath lifter would have suited the residents more effectively, and would have been cheaper.

Julie Swann provides solutions to common problems surrounding this activity and offers a guide to the latest special bathing equipment on the market.

- **Handrails**: When moving from sitting to standing or transferring, handrails will give additional support. Approved Document M: Access to and Use of Buildings (Office of the Deputy Prime Minister, 2004) provides details and diagrams of recommended handrail positions. Although guidelines are valuable, individual anthropometrics should be applied when providing handrails in residents' rooms – for example, looking at the reach and hand function of each resident.
- **Rails attached to the taps**: These can help with standing and balancing when a carer is helping with clothing. However, poles can impede transfers, particular when using a bathlifter or bathboard, as they can restrict access beside a bath.
- **Rails attached to the open side of the bath**: Detachable rails can impede transfers in and out of the bath and integral bath rails or wall fixed rails are safer.
- **Bathlifters**: These fit on the bath rim and assist with transfers. Flanges prevent slippage and some bathboards have integral handles. Some are slatted or have drainage holes to allow use as a shower board and to dry residents on. With several adverse incidents being reported of people trapping genitalia, the apertures have been made smaller to avoid this.
- **Bath seats**: These enable a user to sit about halfway down a bath, at the water level, but full immersion is impossible unless a resident can transfer down to the bath's base. The seat is then removed and replaced to assist egress.
- **Handrails**: These fit standard baths and are removable. Some have side flaps to help with safe transfer and avoid flesh being trapped. They transport a user from the top of the bath to below the water level. A safety strap provides added security when the bathlifter is moving.
- **Shallow baths**: These lightweight resin ‘baths’ have drainage plugs and fit over a standard bath. They are suitable for children or adults and raise the user higher than when using a normal bath and equipment.
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**Bathroom equipment**

**Box 1. SPECIALIST BATH COMPANIES**

- **Abacus Healthcare Services Ltd**
  Radway Green Venture Park
  Radway Green, Crewe
  Cheshire CW2 5PR
  Tel: 0800 454 810
  [www.abacushealthcare.co.uk](http://www.abacushealthcare.co.uk)

- **Chiltern Invadex Ltd**
  Chiltern House, 6 Wedgwood Road
  Bicester, Oxfordshire OX26 4UL
  Tel: 01869 246 470
  [www.chilterninvadex.co.uk/contact.htm](http://www.chilterninvadex.co.uk/contact.htm)

- **Arjo**
  St Catherine Street
  Gloucester GL1 2SL
  Tel: 0870 243 0 430
  [www.arjo.com](http://www.arjo.com)

- **Equalfuture Ltd**
  Fairgate House, King’s Road
  Tyseley, Birmingham
  West Midlands B11 2AA
  [www.equalfuture.co.uk](http://www.equalfuture.co.uk)

**Figure 1.** (a) The Appollo Bath and (b) the Elegance bath, by Boundary Bathrooms (Colne); (c) the Concept 2000 Bath from Chiltern Invadex (Bicester); (d) the ‘Malibu’ by Arjo (Gloucester).
PRACTICAL SERIES

Table 1.
DIFFERENT BATHS AVAILABLE ON THE MARKET

<table>
<thead>
<tr>
<th>Type of bath</th>
<th>Brief description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard bath</td>
<td>Adaptable for many disabilities using equipment like bathboards, bath seats, bathlifters, lever taps and handrails. No major adaptations are required. Fibreglass baths will split if a bath seat is used unless a ‘hanging’ seat is obtained.</td>
</tr>
<tr>
<td>Low baths</td>
<td>Less range of leg movement is needed to step in, but the bath rim is too low to be of any support and lowering to the water level is difficult.</td>
</tr>
<tr>
<td>Step-in baths and walk-in baths</td>
<td>Less lower limb mobility is required to access these and most have an integral seat. The step can cause access problems for residents with lower limb problems or wheelchair users. However, some seat units slide forward to avoid the need to manage the step.</td>
</tr>
<tr>
<td>Baths with integral bathlifters</td>
<td>Several have seats that allow easy sideways transfer for a wheelchair user or hoist. Additional seating strapping is available. Reduces the need for moving and handling.</td>
</tr>
<tr>
<td>Rising baths</td>
<td>Residents are transferred onto a platform and the filled bath then rises. They are larger than an average bath and should be installed with good clearance at either side to facilitate transfers and to prevent trapping of limbs when the bath is moving. Can be used with a hoist and reduces the need for moving and handling. Carers do not need to bend down to assist with washing, so back strain is avoided.</td>
</tr>
<tr>
<td>High–low baths</td>
<td>The user is raised to avoid staff bending.</td>
</tr>
<tr>
<td>Tilting baths</td>
<td>These permit sideways transfer at one side, then the door is closed and the bath fills and tilts. A hoist can be used to reduce manual handling.</td>
</tr>
</tbody>
</table>

Table 1 gives an outline of some of the different baths available.

Filling a bath and temperature control

- Taps: Preferably, these should be lever with a single action. However, both cross and crystal taps can be operated using a tap turner, which effectively converts taps to lever operation. Rather than change the whole taps, lever conversion kits can be purchased, although these are similar in price to a new lever tap.
- Temperature detectors: There has been a high number of reported fatal or serious scalding incidents associated with bathing, so safe water temperatures are essential. The Department of Health’s (2002) National Minimum Care Standard 38.3 states that to ensure the health and safety of service users and staff, hot water outlets, including baths, must emit water at temperatures close to 43º to prevent scalding. Several companies retail products that change colour if the temperature is over 37º or 47º. Floating thermometers can be used rather than a subjective ‘elbow test’.

Washing and drying the body

Many residents could wash themselves with the provision of some long handled equipment. To reduce risks of cross infection, items should not be communal or stored in shared bathrooms. Items useful in ensuites, if bathing or showering facilities are provided, include:
- Long handled brushes and sponges, if reaching is difficult
- A wash mitt, if gripping is a problem
- Suction nailbrushes, if grip is weak or the resident can only use one hand
- Towels with loops attached, if dexterity is impaired.

In communal areas, paper towels or hot air dryers are more hygienic and body dryers can be placed strategically to facilitate independent bathing and drying.

Safety

The hard, smooth surfaces in a bathroom can become dangerously slippery when wet and falls can occur. The provision of slip-resistant flooring and bath mats is recommended. Additional slip-resistant shapes can be used in the bath or on the rim of the baths to give greater stability. Both need replacing on a regular basis.

Red alarm cords must be placed within a resident’s reach while in the bath, with red bangles placed at 100 mm and 800 mm to 1000 mm above floor level.

Staff should never leave a confused mobile patient unattended during bathing. Correct manual handling techniques should be used with residents.

Cognitive and behavioural aspects

Often, by looking at the antecedent behaviour, the behaviour itself and the consequence of the actions, it is possible to find reasons for behavioural problems. Observing and talking to residents can identify problem areas. Verbal and non-verbal communication may be needed to ensure that residents understand. Some of the following problems shown in Table 2 may apply to your residents.

Some residents may prefer to have a shower and showering will be explored in a future article. However, bathing can be a positive experience, used as a form of relaxation or enjoyment, as well to cleanse and refresh.

Bathing can be medicinal, particularly if preparations are used, although care is
need as perfumed bath preparations can irritate the skin.

Nazarof (2005) notes that ‘prolonged soaks in a bath can lead to macerated skin’ and advises on products to use to prevent skin damage. Simply applying cream after a bath can be therapeutic, perhaps to soothe aching limbs.

There is nothing like a long soak in a bath to unwind, to enjoy the buoyancy of water, to contemplate or to simply to let the mind wander.

TABLE 2.

PROBLEMS WITH BATHING AND POSSIBLE SOLUTIONS

<table>
<thead>
<tr>
<th>Problem</th>
<th>Solution</th>
</tr>
</thead>
</table>
| Are they reluctant to bathe?               | • Maybe they prefer to have a strip wash. Provided they are happy with this method, this should be encouraged.  
  • Perhaps they don’t want to have another person look at them. Tact, sensitivity and persuasion are required. |
| Can they remember the processes?           | • Provide verbal and visual prompts – e.g. gather up all the items and help the resident to the bathroom. |
| Do they recognize and know how to use the products and facilities? | • Do not bombard with items, but give one item at a time in the right sequence, therefore providing prompts.  
  (They may have agnosia or apraxia) |
| Do they have sufficient mobility and balance? | • Keep cleaning solutions out of reach.  
  • Provide suitable equipment.  
  • Place toiletries within reach.  
  • Ensure all fixtures in ensuites are within reach. |


KEY POINTS

- **Assistive equipment can prolong independence in washing.**
- **Make bathing pleasurable by adopting a facilitative and positive approach.**
- **Good bathroom design makes bathing safer for residents and staff.**
- **Not all assistive baths are suitable for people with physical disabilities.**
- **Long soaks and some bath products can harm the skin.**