



Manual of Administration

TOPIC: Support Services	SUBJECT: Bathing/ Showering Policy – Safety Supervision	Code: SS045
		Date of Issue: August 2013
		Revised: November 2019
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PURPOSE: Avenue II, in accordance with the regulations of Developmental Services Quality Assurance Measures ensure the safety of persons being supporting while bathing/showering as appropriate to their individual safety supervision needs with respect and privacy considered. Proper safety supervision is essential to avoid scalding, accidents, injury and drowning. Regulation 299/10 25 (5)

PROCEDURE:

1. The client will be consulted to determine the level of safety supervision for bath or shower. Family, significant other and/or physician will be consulted when needed.
2. The level of safety supervision for the bath or shower, used will be documented in the Individual Support Plan.
 - a) Levels of safety supervision include:
 - i. Full Safety Supervision – client requires staff supervision in the bathroom during the entire bath/shower and can't be left unattended by staff. Use of bath curtain is acceptable for privacy.
 - ii. Partial Safety Supervision –client requires safety supervision during bath or shower but may be left unsupervised for a duration as indicated in the Level of Safety Supervision for Bath or Shower. Specify if the check is verbal or visual.
 - iii. No Safety Supervision – client may be left alone to bathe/shower and has no safety supervision concerns.
3. Prior to the client Bathing/Showering staff will perform a Hot Water Check as per SS189.
4. Staff will provide safety supervision of the client as indicated in the Individual Support Plan – Level of Safety Supervision for Bath or Shower.

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SEIZURE ACTIVITY

1. Persons who have seizure activity from a medical condition shall have the seizure activity noted on the Level of Safety Supervision for Bath or Shower.
2. The client will be supervised for safety at all times while bathing/showering unless noted on the Level of Safety for Bath or Shower. **Avenue II will make every reasonable effort to ensure the parties are aware of potential risks and look for ways to reduce the risk when less than full supervision is chosen. The organization recommends consultation with a medical practitioner for advice on this.** Partial or No Safety Supervision will be supported by one or more of the following:
 - a. As requested by the client (makes self-directed decisions). When the client or family is requesting less than full supervision due to personal preference and/or privacy note this on the document.
 - b. Requested by family and have been educated on potential risks.
 - c. Family supports clients decision of no or limited supervision
 - d. Explanation of why they do not want full support and if there are safeguards in place.

