

How to Assist a Client with Personal Hygiene

Abstract:

While oral and body hygiene and skin care is not generally a complicated task, it is nonetheless considered very important to a client's sense of wellbeing and overall health. Certified nurse assistants must follow facility policy related to standard prevention when supporting clients with their personal hygiene, which contributes to a client's sense of safety and security. Respecting client dignity and independence, and aiming at continuously improving their level of comfort is essential to good health outcomes when clients are unable to attend to their own basic care needs. It also helps clients to feel assured that their physical needs are being observed and that caregivers will appropriately respond to them.

Learning Goals:

1. Explain the rules and procedures to follow when caring for a client's activities of daily living.
2. Describe how to help clients with mouth care, personal hygiene and skin care, and elimination needs.
3. Describe the unique skin changes that occur for elderly and immobile clients.
4. Describe how to perform a bed bath while maintaining client privacy and dignity and comfort.

Introduction

Helping clients with their mouth care, personal hygiene and skin care, and elimination will often be the responsibility of the certified nursing assistant (CNA). This will include information and instruction that will guide the CNA in helping the client wash themselves, complete personal hygiene and skin care, with mouth care, with elimination, and other aspects of personal hygiene and grooming. It may also involve the CNA delivering the care for clients when they cannot care for themselves.

Standard Prevention

The first and most important rule the CNA must follow when helping clients with mouth care, personal hygiene and skin care, or elimination is to always wash the hands and put on disposable gloves before starting any procedure, except those procedures that are approved by the health facility that can be done without the application of gloves.

These tasks are not complicated but they are very important. Good standard prevention practices by the CNA when supporting clients with their personal hygiene needs helps them maintain a sense of safety and security during routines aimed at respecting their dignity and independence, and improving their level of comfort. Assisting clients with personal hygiene or performing these basic tasks for them, while following standard prevention and safety rules when they are unable to care for themselves, helps clients feel assured that their basic needs are understood and being met.

Oral Hygiene

The anatomy and physiology of the oral cavity, commonly called the mouth, should be briefly reviewed before discussing safe and appropriate oral hygiene and mouth care.

The mouth has several important structures and functions and contains the tongue, the lips, the teeth, and the openings to the salivary glands. The posterior areas of the mouth connects to the pharynx, which is the first section of the digestive tract. The mouth also connects with the trachea, which is the first section of the respiratory tract.

The primary functions of the oral cavity and its structures are digestion, speech and respiration.

Digestion

The teeth break food down into manageable pieces. The salivary glands lubricate the food bolus so it is easy to swallow and they also produce digestive juices that help to break food down into nutrients that can be absorbed in the stomach and bowel.

The tongue also helps move the food into the pharynx before swallowing and passing the food bolus along through the esophagus where it is propelled toward the stomach.

Speech

The lips and the tongue assist in the formation of speech.

Respiration

The oral cavity is technically the first section of the respiratory tract as it connects with the trachea (commonly called the windpipe), a short, muscular tube that intersects with the bronchial tubes that lead to the lungs. Although the oral cavity is essentially a passive structure, the contact of air with the warm, moist environment of the mouth helps protect the lower respiratory passages and the lungs from cold and it helps humidify air that is going to the lungs.

The condition of the gums, teeth, and mouth is extremely important to a person's health. Poor oral hygiene has been associated with an increased risk for developing pneumonia, as well as heart disease and other medical conditions.

Maintaining Oral Health

Drinking, eating, and communicating are dependent on the integrity of these structures. Poor oral hygiene and poor dentition will impact a client's ability to eat, which also affects a client's nutritional status. Poor gum, teeth, and mouth conditions can make swallowing difficult or painful. Aspiration of food or liquids may occur.

The production of saliva, which provides an important defense against infection, may be decreased. Xerostomia (dry mouth) may develop. Xerostomia is uncomfortable and may lead to other oral/dental problems.

Dental pain caused by dental caries (tooth decay) can interfere with eating and nutrition. A client may limit his or her social interaction due to speech difficulties or because of embarrassment from missing teeth or halitosis (bad breath).

A healthy mouth should be free from chronic pain, lesions, infections, gum disease, tooth decay and tooth loss, or other conditions that affect eating, drinking, nutrition, or speech. CNAs will be caring for many clients who have or at risk of oral hygiene problems or dental problems.

Clients especially at risk for oral hygiene or dental problems include those diagnosed with medical conditions and requiring certain treatments, as well as the elderly.

Elderly

Many older adults have missing teeth or do not have teeth. The gums shrink as people age, increasing the risk for dental caries, and the salivary glands produce much less saliva and this causes dry mouth. Older adults may also have physical disabilities or coordination and/or eyesight issues that prevent them from doing their own oral hygiene care.

Medical Conditions

Diabetes, certain types of cancer, dehydration, human immunodeficiency virus (HIV) and other types of chronic infections, radiotherapy treatment for cancer, or any disease that depresses the immune system can affect the health of the oral cavity and increase the risk for oral infections.

Medications

There are many commonly used medications that can affect the health of the oral cavity. Antibiotic, anticonvulsant, antidepressant, antiemetic, and antihypertensive medications can all decrease the production of saliva. Chemotherapy suppresses the immune system and increases the risk for oral infections, and oxygen can dry out the oral mucosa.

Mental Health

Clients who have serious mental health problems may be unaware of the need for daily oral hygiene care or be unable to perform it. Clients who are severely depressed may deliberately neglect performing oral care such as brushing and flossing.

Physical Disabilities

There are many physical disabilities that can affect oral hygiene or dental health. Perhaps the most common is the client who has had a cerebrovascular accident (CVA), often referred to as a stroke. Stroke victims frequently suffer from paralysis and cannot perform self-care. In addition, many stroke victims suffer from dysphagia (difficulty swallowing), a condition that places the client at risk for aspiration.

Alterations in Consciousness

Clients who have a significant alteration in consciousness, such as those who are comatose and are being mechanically ventilated, obviously cannot perform oral self-care. Many clients who are unconscious also mouth breathe and this can cause oral hygiene problems.

These risk factors can be isolated or a client may have several or all of them. However, each risk factor can be a significant contributor to poor oral and dental health and they are likely to be present in many of the clients requiring care.

Steps to Provide Mouth Care

Performing mouth care and helping clients perform mouth care is an important part of a CNAs responsibilities. People who are ill often need greater attention to oral hygiene than they normally might. They may be dehydrated, they may mouth breath, or they may be taking a medication that causes a dry mouth or a bad taste aside from the health risks associated with poor oral hygiene and dental health.

Good mouth care is important for several reasons. Without good mouth care, the client's mouth will be dry and unpleasant, lips and tongue may crack and bleed, appetite may be affected, and dignity and self-image will be affected. Before giving oral hygiene, the CNA should always check the client's chart to determine if he or she is allowed to have food or liquids. Some clients have medical conditions that make swallowing food or liquids undesirable or even dangerous and contraindicated, and, if so, the CNA will see the letters *NPO* (which is an abbreviation for a Latin phrase that means "nothing by mouth") on the client's chart.

If the client has an NPO order the CNA should make sure to not swallow any liquids, mouthwash, or toothpaste when providing mouth care. The CNA should also be familiar with situations in which the client may be NPO. These are detailed in Table 1, but these situations are not absolute. In some healthcare facilities, a physician may want

the client to abstain from drinking and eating before a procedure but other physicians may not. If the CNA is uncertain, or thinks NPO status may be required, the CNA should ask an immediate supervisor for clarification.

Table 1: Conditions or Procedures Requiring NPO Status

<p>Pre-operative clients Post-operative clients Bowel obstruction Placement of a PEG tube (Usually) Before certain procedures Clients who are on aspiration precautions Clients who have recently had a stroke</p>

The CNA should also check to see if a client is on *aspiration precautions* before performing mouth care. CNAs should be familiar with aspiration precautions (which are not reviewed here). If a client needs greater attention to oral hygiene and can perform it without assistance, the CNAs responsibility will be to provide him or her with mouthwash, toothpaste, towels, and any other supplies, and to determine how much assistance the client needs. For other clients, oral hygiene will need to be done for them.

Conscious Client and Oral Hygiene

The procedure for providing oral hygiene is relatively simple and does not take a long time to complete.

- Wash the hands.
- Apply disposable gloves.
- Identify the client by checking his or her name band.

- Inform the client that oral hygiene will be given and obtain the client's agreement for the procedure.
- Spread a towel across the client's chest in order to keep the client dry.
- Offer the client a glass of water or mouthwash/water mix. Instruct the client to rinse and spit.
- Put toothpaste on the toothbrush. If the client is able to do so, let the client do the tooth brushing. If the client is unable to brush the teeth, the CNA will need to do it.
- After brushing is completed instruct the client to rinse and spit.
- Offer dental floss to the client. If the client is unable to use the floss, the CNA will need to perform this task.
- After flossing have the client rinse and spit again.
- Offer mouthwash if this is allowed.
- Offer a lip moisturizer if needed.

Unconscious Client and Oral Hygiene

Oral hygiene is perhaps more important if the client is unconscious. This procedure is identical to the procedure of providing oral hygiene for a client who is conscious, but there are some differences. Each healthcare facility should have a policy or a standard of care that describes how oral hygiene should be done and how often it should be performed in clients who are unconscious. However, for the unconscious client it is safe to say that oral hygiene - minus brushing and flossing - should be performed several times a day and perhaps as often as every two hours.

Mouth care for unconscious patients may be as simple as swabbing the client's mouth to keep it moist, applying a moisturizer to the client's

lips and then performing more complete mouth care once or twice a day. The procedure is as follows.

- Wash the hands.
- Apply disposable gloves.
- Identify the client by checking his or her name band.
- Lift the head of the bed to approximately a 45-degree angle.
- Gently turn the client's head to one side and place a towel under the head. Place another towel on the client's chest immediately below the chin.
- Place an emesis basin directly under the client's chin.
- Gently open the client's mouth by pulling down on the chin (do not insert fingers into the client's mouth to force opening the mouth).
- Brush and floss the teeth.
- Take a mouth swab and carefully and gently wipe the mouth and the tongue.
- Apply a moisturizer to the client's lips.

Cleaning Dentures

Cleaning the client's dentures should be done as follows.

- Wash the hands.
- Put on disposable gloves.
- Identify the client by checking his or her name band.
- Inform the client that his or her dentures will be cleaned and obtain the client's permission to do so.
- Remove the client's dentures or have the client remove them. Place the dentures in an emesis basin that is lined with a paper towel.

- Carry the dentures to the sink. Place a towel in the sink to avoid breaking the dentures if accidentally dropped.
- Use toothpaste or denture cleaner and clean all denture surfaces.
- Rinse the dentures with cool running water.
- Fill the denture cup with water, mouthwash, or a denture solution and place the dentures in the client's denture cup.
- Return the dentures to the client or put them in an appropriate place.

When cleaning dentures, the CNA should always remember to place a towel or something soft in the sink or over the surface the dentures are being cleaned on. Dentures are expensive and it takes time to replace them, and in the interim the client's nutrition and quality of life suffers while the dentures are missing.

Personal Hygiene And Skin Care

Not all clients will need special attention and assistance with personal hygiene and skin care but there are two specific client populations who generally need support to maintain their hygiene and skin health, which includes immobile and elderly individuals. Understanding the anatomy of the skin is important for knowing why immobile and elderly clients cannot move and need special attention and assistance with body hygiene and skin care.

Anatomy of the Skin

The skin is the largest organ in the body, and it is comprised of three layers. The *epidermis* is the outer layer. It is very thin, only 0.05 mm, although in some areas, such as the soles of the feet, the epidermis will be thicker.

The epidermis has many important functions and the most important is to prevent bacteria, viruses, and other pathogens from entering the bloodstream and deeper tissues. The cells of the epidermis are densely and tightly aligned and because of this the epidermis forms a physical barrier that is the body's first line of defense against infection. The epidermis also contains cells of the immune system and it controls the amount of water that people lose to the environment.

Finally, the epidermis is the layer of skin that holds the pigmentation that gives skin tone. There are no blood vessels in the epidermis; it receives its blood supply from the dermis.

The second layer of skin is called the *dermis*. The dermis is considerably thicker than the epidermis and it contains many important structures. The dermis is where the connective tissue of the skin is located; connective tissue is a tough, fibrous material that gives the skin its tone and resiliency. The dermis also contains many blood vessels, hair follicles, sebaceous glands that make skin oils, sweat glands, and sensory receptors for touch and heat.

The third and final layer of the skin is the *subcutaneous* tissue, more commonly called fat. Subcutaneous tissue is distributed through the body; some places have a thick subcutaneous layer while in other areas the subcutaneous layer is very thin. Most of the subcutaneous

tissue acts as a protective padding but it also provides a layer of insulation that keeps people warm and preserves body heat.

Skin Changes in Immobile and Elderly Clients

A person's skin changes as he or she grows older. The epidermis becomes thinner, more fragile, and more susceptible to injury. The connective tissue that gives the skin its strength and elasticity becomes weaker so the skin becomes weaker.

A person loses subcutaneous tissue as he or she ages. Because subcutaneous tissue preserves body heat, older people are more likely to suffer from the cold. With age, blood vessels become weaker and more prone to breaking. The sebaceous glands in the skin produce less oil so the skin becomes drier, making the skin more susceptible to injury.

Finally, the sweat glands produce less sweat so an older person is more likely to become overheated. It is important to be aware of these changes when providing hygiene care for an elderly client. Clients who are immobile are dependent on caregivers for body hygiene and skin care and they are obviously at risk for skin breakdown and ulcers.

Essentials of Personal Hygiene and Skin Care

Personal hygiene and skin care should be performed every day and some clients will need attention to personal hygiene and skin care several times during the course of a day. Personal hygiene and skin care have many beneficial effects. They help the client relax, they eliminate body odors, they help prevent skin breakdown, and they can

stimulate the circulation. Being clean and having good personal hygiene also promotes dignity and self-respect.

Personal hygiene and skin care responsibilities of a CNA when caring for a patient includes: skin inspection, giving/assisting with a bath, providing perineal care, washing the hair, shaving, and caring for the nails.

Skin Assessment

Assessment of a client's skin is quick and simple. It should be done before assisting or providing body hygiene and skin care, but a full assessment typically is only needed once a day. The two techniques used during skin assessment are 1) inspection and 2) palpation.

First, the CNA should carefully and systematically inspect at the client's skin. Normal skin should be intact (no open areas) and there should be no bruises. The CNA should look for any areas that appear swollen, especially the ankles, feet, and hands. The elbows, the back of the head, the heels, the hips, and the area at the base of the spine should be inspected for redness, which is the first sign of a pressure ulcer. Inspecting a client for early signs of pressure ulcers is necessary for all elderly individuals since they may be less active and may have thinner-than-normal skin, but it is especially important for clients who are immobile.

If the client has diabetes, the CNA should pay special attention to the client's ankles, feet and the areas around the toenails. Poor circulation and nerve damage are common complications of diabetes and diabetic clients can easily develop ulcers and infections in the lower

extremities. If the client has diabetes and there are signs of infection in the ankles, feet, or nail beds around the toes, the CNA should notify an immediate supervisor as soon as possible.

Palpation can be performed separately or while inspecting the client's skin and it is best done when not wearing gloves. Palpation, like inspection, should be systematic. The hands should always be washed first and when the inspection is finished. Starting at the head or the toes, gently touch the skin. Take note of parts of the body that seem unusually cold or hot to the touch. The CNA should also determine if there are any areas that are swollen or painful.

Bathing The Client

Depending on the client's situation and medical conditions, daily bathing can be in the form of a shower, a tub bath, a partial bed bath, or a complete bed bath. During bathing of the client, the CNA should observe the client's skin for any unusual marks, red areas, breakdowns, rashes, *etc.* The CNA should not cut or trim the client's fingernails or toenails unless specifically instructed to do so. Many clients who require assistance for bathing will become chilled easily, and keeping the patient warm and comfortable should be kept in mind. Client comfort should also include attending to the toileting needs of the client before bathing is started. The clinician should always be mindful of the client's need for privacy and dignity.

Helping the client with a shower, tub bath, and partial bed bath will not be discussed here. These procedures are less complicated than providing a complete bed bath, and a CNA can easily perform them by

using the basic instructions for a complete bed bath, which is discussed in the next section.

How often a client bathes will depend on several factors but clients who need a complete bed bath should be washed every day. Other clients may need to be washed several times a day, *i.e.*, a client who has a fever and is sweating often.

Complete Bed Bath

The procedure for a complete bed bath is not complicated but it does require planning to perform the procedure in an efficient and organized manner.

- Wash the hands.
- Apply disposable gloves.
- Identify the client by checking his or her name band.
- Make sure that the client's privacy is protected; close the door or draw the curtains around the bed.
- Position the bed so that the client is flat, if this is allowed. Some clients need to have the head of the bed elevated and not all clients can tolerate being completely flat, so each situation should be assessed individually.
- Cover the client with a bath blanket.
- Remove the client's clothing and any jewelry. Place the jewelry in a safe place. Removing the jewelry will prevent it from catching on the washcloth, which could injure the client or damage the jewelry.
- Use warm, not hot water. The best temperature is 115°F, 46.1°C.
- Using a washcloth and soap, wash, rinse, and dry the body in sections.
- Start at the face and head and move down the body.

- When one section of the body has been washed then cover that area with a dry towel or a section of the bath blanket.
- Change the water as needed.

It is very important to always wash, rinse, and dry the body in sections. This preserves the client's modesty, keeps the procedure organized, prevents unnecessary exposure, and keeps the client warm.

Once the bath has been finished, the client's hair should be combed or brushed, the client's jewelry returned, and the client positioned comfortably with the call light within reach. The linen and the gloves should be discarded in the appropriate receptacles, and the CNA should document what has been done. The CNA should not forget to include any important observations about the condition of the client's skin.

Perineal Care

The perineum is the area of the body around the external genitals and the rectum. This area of the body requires special attention. It is less exposed to the air and it can be exposed to urine, feces, and secretions. Because of those issues the area is often moist and irritation and skin breakdown are possibilities.

Providing perineal care can be a bit stressful for the client and for the CNA. Issues of modesty, privacy, and embarrassment often arise. The best way to handle these issues is to realize that providing this care is part of the CNAs responsibilities, and it is an important part of the client's personal hygiene and health.

If the CNA is concerned about how the client will react, the CNA can simply ask the client how to best make the procedure comfortable. The CNA should reassure the client that every effort will be made to preserve modesty. The procedure is listed below.

- Wash the hands.
- Apply disposable gloves.
- Identify the client by checking his or her name band.
- Ask the client if he or she needs to use the bathroom.
- Make sure that the client's privacy is protected; close the door or draw the curtains around the bed.
- Use warm, not hot water. The best temperature is 115°F, 46.1°C.
- Cover the client with a bath blanket.
- Place a moisture-absorbent bed protector under the client's hips.
- Ask the client to flex the knees and separate the legs. If the client cannot do this, you may need an assistant or you may need to use pillows for support.
- Take the bath blanket back and expose the perineal area.

When providing perineal care for women, use a washcloth with soap and gently wash down from front to back - once - then rinse and dry. Separate the labia and repeat this process.

When providing perineal care for men, use a washcloth with soap, hold the penis in one hand, and gently wash it from the meatus to the base of the penis; rinse and dry. If the client is uncircumcised, gently retract the foreskin and wash in the same way. Wash the scrotum; rinse and dry.

For men and women, the next step is to wash the rectal area. Instruct the client to turn on his or her side. If this is not possible, use a small pillow or a folded blanket placed under the client's hips. Pull back the bath blanket and expose the rectal area. Use a washcloth and soap and gently wash the area; move from the front (perineum) to the back (coccyx). Rinse and dry.

Once finished, the CNA should position the client comfortably with the call light within reach. The linen and the gloves should be discarded in the proper receptacles. The procedure should be documented, including important observations about the condition of the skin in the perineal area.

Hair, Shaving, and Nail Care

Hair and nail cleanliness and shaving are aspects of body hygiene and skin care that are generally simple to perform. They are important tasks related to a client's personal hygiene.

Hair Washing

Washing the hair does not need to be done every day. The client's chart should be reviewed for specific instructions or an immediate supervisor consulted on how often this should be done. The procedure includes:

- Wash the hands.
- Apply disposable gloves.
- Identify the client by checking his or her name band.
- Use warm, not hot water. The best temperature is 115°F, 46.1°C.
- Position the client so that his or her head is as close to the edge of the bed as is safe and practical.

- Place a towel or small pillow underneath the client's shoulder blades.
- Place a waterproof bed protector underneath the client's head and shoulders.
- Place a slightly damp washcloth over the client's eyes.
- Position a basin underneath the client's head to capture the water and shampoo.
- Wet the hair thoroughly, apply the shampoo, and then rinse it off. Using a small amount of water will help with hair drying. Dry the hair with a towel.

Some people recommend placing cotton in a client's ears when shampooing the hair. Check with a supervisor before using this procedure.

Shaving

Shaving can be done every day, or when the client wants it to be done. It can be done using an electric razor or a safety razor. The CNA should follow this procedure if using a safety razor.

- Wash the hands.
- Apply disposable gloves.
- Identify the client by checking his or her name band.
- Use warm, not hot water. The specific temperature is not important; simply make sure that it is comfortable to touch.
- Spread a towel across the client's chest and tuck it up under the chin.
- Moisten the client's face using a washcloth and water.
- Spread shaving cream on the client's face.

- Hold the skin with the fingers of one hand so that it is tight and then move the razor in the same direction that the hair grows.
- Rinse the razor often. When finished, wash the skin with a washcloth and water.
- If the client is cut during shaving, make sure this fact is documented report it to an immediate supervisor.

The CNA should always check before using a safety razor to shave a client. It might be contraindicated for clients with certain medical conditions or who take certain medications such as blood thinners.

Nail Care

Trimming fingernails can be done using ordinary care and precautions but trimming toenails should only be done if it is specifically allowed by the healthcare facility; it is *not* a routine part of skin care. Cutting the toenails can be hazardous. Clients with diabetes may have poor circulation in their feet. With poor circulation, cuts can easily get infected.

A client with diabetes may also have nerve damage to his or her extremities. In these cases, the client may not feel pain or swelling caused by cuts or an infection.

Elimination Needs And Skin Care

There are a variety of reasons why a client may be confined to bed, but if the client is unable to walk (ambulate) or is not allowed to leave the bed, he or she will need to use a urinal or a bedpan when the need arises to urinate or defecate. In these situations, assisting the client with elimination is one of the CNA responsibilities.

If a male client needs to urinate, the procedure is as follows.

- Wash the hands.
- Apply disposable gloves, and offer the client the urinal, and place the call light within reach. If the client is unable to hold the urinal himself then simply place the penis inside the urinal and position it so that there will be no spills. For some clients, it is advisable to place a waterproof bed protector under the urinal. Dispose of the gloves and leave the room.
- When the client signals that he is finished, put on disposable gloves and retrieve the urinal. If he cannot signal, wait an appropriate period of time and then return.
- If the client is able to answer, ask him or her if there was any difficulty in urinating or passing the stool. If yes, make sure an immediate supervisor is notified.
- Carefully measure and record the output. If the urine is excessively cloudy or there is blood in the urine, notify a supervisor. Dispose of the urine in the appropriate place.

If a female client needs to urinate or defecate or a male client needs to defecate they will need to use a bedpan.

- Wash the hands and apply disposable gloves.
- Have the client raise his or her hips, and slide a waterproof bed protector and the bedpan underneath the client.
- If the client cannot lift his or her hips, then the CNA will need to provide assistance. The client can also be asked to roll to one side, the bedpan placed against the back and buttocks, and the client asked to roll back. If the client is unable to move at all then the

CNA will have to do this for the client, but it is preferable to have help. Place the call light within reach. Remove the gloves and dispose of them.

- If the client is unable to use the call light, wait an appropriate length of time and then return. If he or she can use the call light then when the client signals, apply new gloves, remove the bedpan, cover it, and then clean the client if he or she is unable to do so.
- If the client is able to answer, ask him or her if there was any difficulty in urinating or passing the stool. If the patient confirms difficulty, a supervisor should be notified.
- Carefully measure and record the urine output. Document any unusual observations about the appearance of the urine or the stool. Discard the urine and feces in the appropriate place.

Summary

Assisting with or providing personal hygiene and skin care are important responsibilities of the CNA. Responding to these client care needs will help clients maintain a sense of dignity and safety. It will also help maintain their health.

Personal hygiene and skin care involves assisting the client with elimination needs, assessment of the skin using inspection and palpation, perineal care and bathing the client, hair and nail care. The need for each of these will depend on the client's activity level and state of health. None of these are complicated, but certain hygiene practices, such as nail care, should only be done if specifically allowed by the workplace. Medical conditions such as diabetes requires close inspection of the lower extremities. When a complication arises, such

as skin injury during provision of care, this should be carefully documented and a supervisor informed.

There are a variety of reasons why a client may be immobile or bedridden, and in such cases the client will require special care and assistance, which is a CNA responsibility. Assisting clients with personal hygiene needs or performing the basic tasks of cleanliness and grooming, while following standard prevention and safety rules when clients are unable to care for themselves, helps clients feel assured that their basic needs are understood and being met.