



This standard of practice is to support the PSW in providing safe, respectful, and effective personal care to the public population in a dignified and ethical approach. Standards of Practice outline the expectations of the PSW and their responsibility in the delivery of care.

Skin Care

Taking care of the skin by washing, drying, and maintaining good skin integrity. This could include repositioning clients to prevent pressure points, sheering or friction on the skin surface to avoid skin breakdown also known as pressure sores.

If the person(s) is unable to apply their own OTC lotions or powders the person(s) then would require a Personal Support Worker.

The PSW may apply OTC lotions, powders, and non-medicated solutions, and medicated lotions once instructed by the RHP, and it is documented in the Plan of Care. The PSW may change a Band-Aid but must report any unusual sign of redness or infection to their appropriate supervisor. (Family member, Care Coordinator, Nursing supervisor etc.)

The PSW must report all changes to the skin's appearance to their appropriate supervisor. (Family member, Care Coordinator, Nursing Supervisor etc.)

The PSW must report any open, scraped or bruised areas on the feet of not only a diabetic person(s) but all person(s).

The PSW should always assess the person(s) for any reddened areas that may develop into pressure areas and hence skin breakdown. If any of the above become evident, the PSW must immediately advise their appropriate supervisor. (Family Member, Care Coordinator, Nursing Supervisor etc.)

A PSW may also re-enforce a dressing by adding more dry dressing material to the outside of the dressing that is leaking or soaking through the dressing already in place. If this is needed, the PSW must immediately report this action to the RHP or appropriate supervisor. (Family Member, Care Coordinator, Nursing Supervisor etc.)

The PSW may apply prescription solutions, lotions, or ointments (these are considered medications) if the delegation has been performed.

Care is needed for prescriptive lotions and treatments to allow for observations of expected outcome. This will be communicated from the PSW to a RHP or Appropriate Supervisor. (Family Member, Care Coordinator, Nursing Supervisor etc.)



Delegation of a PSW in regard to skin care would be performed and documented appropriately by a RHP. This skill / act delegation is NOT transferable to subsequent person(s) as each person(s) and their set of circumstances are unique and need to be taken into consideration when deciding if the act can be done safely by a PSW.

There are numerous types of prescriptive dressings on the market and require an RN / RPN to know the proper way the dressing must be applied. Some dressings require knowledge of sterile technique. Therefore, proper delegation of the PSW must be done for any skin care below the level of the dermis.

PSW – Personal Support Worker

RN/RPN – Registered Nurse/ Registered Practical Nurse

RHPA – Regulated Health Professions Act

Resources - Sheila A. Sorrentino, PhD, RN, Leighann Remmert, MS, RN and Mary J. Wilk, RN, GNC(C), BA, BScN, MN, Mosby's Canadian Textbook for the Support Worker, 3rd Edition