



PCA Context Guide - Bathing Support

(Informative)

Personal Care Aide Quality Service Standard

AMSI CONTEXT GUIDE PAB1

Second Draft Edition, Updated July 2026

Aligned with AMSI PCA1 Second Draft Edition, Updated July 2026, current AMSI VOC1, and WQI Whole-Quality vocabulary as applied in PCA1

AMERICAN SUPPORT STANDARDS INITIATIVE

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0. Introduction

This Context Guide explains how AMSI PCA1 applies to bathing support provided by Personal Care Aides.

Bathing support is a specific PCA service context. It may include preparing the bathing area, assisting with movement to and from the bathing area, supporting washing, rinsing, drying, and related hygiene activities, and communicating concerns within the Personal Care Aide role.

Bathing support should not be judged only by whether a bath or shower was completed. Quality also depends on safety, dignity, privacy, consent, comfort, hygiene, appropriate use of equipment, communication, and timely response to concerns.

This Guide does not change PCA1. It uses the same Service Quality Object, intended function, Core Quality Factors, and Core Quality Indicators established by PCA1, and explains how they apply in the bathing support context.

The Guide provides bathing-specific Quality Outcome Criteria, examples of evidence, critical conditions, and guidance for responsible Quality Claim Statements.

This Guide is informative and should be used together with PCA1, SCM1, applicable care direction, and other controlling requirements.

1. Scope and Purpose

1.1 Scope

This Context Guide applies to bathing support services performed by Personal Care Aides (PCAs).

It covers PCA support directly related to bathing and personal hygiene, including preparation, movement to and from the bathing area, assistance during bathing, drying, related dressing or hygiene support, observation of relevant concerns, and communication or escalation within the Personal Care Aide role.

This Guide applies in homes, community residences, residential facilities, healthcare settings, and other places where PCA bathing support is provided.

The Guide applies regardless of organization, funding source, service model, or support setting.

1.2 Purpose

The purpose of this Context Guide is to:

- explain how PCA1 applies to bathing support;
- identify bathing-specific conditions that affect quality, including water, wet surfaces, transfers, privacy, exposure, hygiene, equipment, communication, and changing functional ability;
- provide bathing-specific Quality Outcome Criteria;
- give examples of evidence that may support quality determination;
- identify bathing-specific boundaries, interfaces, risks, and critical conditions; and
- support responsible and consistent Quality Claim Statements.

1.3 Relationship to PCA1

This Context Guide shall be used together with PCA1. PCA1 establishes the invariant Service Quality Object, intended function, constituent-part logic, Core Quality Factors, Core Quality Indicators, boundary and interface logic, evidence logic, and Quality Claim Statement logic for Personal Care Aide services.

PAB1 does not modify those invariant elements or create a separate bathing quality object. It interprets the PCA1 Core within the bathing support context and develops context-specific Quality Outcome Criteria.

Section 2 summarizes the Core-to-context relationship.

1.4 Intended Use

This Context Guide is intended for organizations, supervisors, Personal Care Aides, trainers, reviewers, quality professionals, service recipients, families, regulators, researchers, and others seeking to understand or determine the quality state of bathing support services.

This Guide is informative and supports quality determination. It does not establish clinical procedures, prescribe care plans, or replace applicable laws, regulations, organizational policies, professional requirements, or individual care direction.

2. Relationship to PCA1 Core Standard

2.1 General

PCA1 is the controlling Core Standard for this Context Guide.

PAB1 provides the bathing-specific interpretation of that Core. It should therefore be read as an application guide, not as a replacement for PCA1.

2.2 Invariant Elements

The following elements established by PCA1 remain invariant throughout this Context Guide:

- the Service Quality Object;
- the intended function of the Personal Care Aide service;
- the constituent parts of the Service Quality Object;
- the internal and external boundaries and interfaces of the Service Quality Object;
- the Core Quality Factors; and
- the Core Quality Indicators.

This Context Guide shall not modify or replace these invariant elements.

2.3 Context-Specific Interpretation

This Guide adds context-specific interpretation only where bathing support changes how the invariant PCA1 Core becomes observable.

The sequence is: define the bathing support context in Section 3; identify the Service Quality Object and service boundary in Section 4; interpret function realization in Section 5; interpret boundaries and interfaces in Section 6; apply the Core Factors and Indicators in Sections 7 and 8; then connect evidence, Quality Claim Statements, and Critical Conditions in Sections 9 through 11.

2.4 Relationship to Quality Outcome Criteria

Context-specific Quality Outcome Criteria are provided in Section 8. They are derived from the PCA1 Core Quality Indicators and interpreted within the declared bathing support boundary.

The criteria do not create new Core Quality Factors or Core Quality Indicators. They describe expected bathing-support states or results that make the invariant Core observable in this context.

2.5 Relationship to Evidence and Quality Claim Statements

Evidence and Quality Claim Statements are addressed in Sections 9 and 10 and shall be interpreted together with SCM1.

Evidence supports a Quality Claim Statement only within the declared Service Quality Object, the declared service boundary, the applicable Quality Outcome Criteria, the available evidence basis, and any stated limitations or uncertainties.

2.6 Relationship to Other Context Guides

PAB1 is one member of the AMSI family of Personal Care Aide Context Guides.

Other Context Guides may interpret the same PCA1 Core for different support contexts. Comparisons across guides should preserve the invariant Core while distinguishing the context-specific Quality Outcome Criteria, evidence considerations, interfaces, and Critical Conditions.

3. Bathing Support Context Definition

3.1 General

Bathing support is a context in which the invariant Personal Care Aide Service Quality Object established by PCA1 is realized through activities that assist a person with bathing, personal hygiene, and closely related daily living functions.

The bathing support context is characterized by direct interaction between the person receiving support, the Personal Care Aide, and context elements such as the physical environment, bathing-related equipment and materials, service-related information, and external interfaces that may influence realization of the Service Quality Object.

3.2 Purpose of the Bathing Support Context

The purpose of the bathing support context is to provide conditions in which the intended function of Personal Care Aide services may be realized safely, respectfully, and appropriately while preserving the person's dignity, bodily integrity, autonomy, participation, and daily functioning.

The bathing support context does not create a different Service Quality Object. It provides a context-specific realization of the invariant Service Quality Object established by PCA1.

3.3 Typical Bathing Support Activities

Depending upon the person's needs, authorized support, and service arrangement, bathing support may include activities such as:

- preparation of the bathing environment;
- preparation of bathing supplies and equipment;
- assistance with movement to and from the bathing area;
- support during bathing or showering;
- assistance with washing, rinsing, drying, dressing, and related hygiene activities;
- observation of conditions relevant to bathing support;
- communication and role-appropriate escalation of relevant concerns; and
- completion of activities directly associated with the bathing support service.

These examples illustrate the bathing support context and do not prescribe mandatory tasks or methods of service delivery.

3.4 Characteristics of the Bathing Support Context

Bathing support commonly involves context-specific conditions including:

- water;
- wet and potentially slippery surfaces;
- temperature;
- movement and transfers;
- physical assistance;
- privacy and bodily exposure;
- hygiene and contamination conditions;
- bathing equipment and assistive devices;
- communication;
- timing and pacing;
- environmental variability; and
- changing functional presentation of the person during the bathing episode.

These context characteristics influence realization of the intended function and shall therefore be considered when determining the quality state of the Service Quality Object.

3.5 Context Variability

The bathing support context may vary according to:

- the person's abilities and support needs;
- the bathing environment;
- available equipment;
- household or organizational arrangements;
- cultural and personal preferences;
- service setting;
- authorized support activities; and
- other context-specific conditions.

Such variability affects interpretation of Quality Outcome Criteria and evidence.

It does not modify the invariant Service Quality Object, intended function, Core Quality Factors, or Core Quality Indicators established by PCA1.

3.6 PAB1-Specific Visibility Issues

Because bathing support is performed in a wet, exposed, movement-sensitive, hygiene-sensitive, and dignity-sensitive context, quality determination under this Guide should not treat bathing as ordinary task completion. The following PAB1-specific issues should remain visible when interpreting the Core Quality Factors, Core Quality Indicators, Quality Outcome Criteria, evidence, and Quality Claim Statements:

- wet or slippery surfaces, water presence, drainage, lighting, space constraints, thresholds, and other environmental conditions affecting safe realization of the bathing support service;
- water temperature, thermal comfort, steam, heat tolerance, fatigue, dizziness, pain, and other physiological conditions that may change during the bathing episode;
- movement, transfer, standing, sitting, turning, reaching, balance, positioning, and use of authorized equipment in the actual bathing environment;
- privacy, bodily exposure, consent, refusal, modesty, personal pace, gender-related preference, cultural preference, and protection of dignity during intimate support;

- skin integrity, bruising, swelling, redness, pressure areas, discomfort, pain, or other observable body conditions that may become visible during bathing support without requiring clinical diagnosis;
- clean and soiled materials, towels, washcloths, personal hygiene products, gloves, laundry, bathroom surfaces, and other contamination or infection-related conditions within the Personal Care Aide role;
- communication, sequencing, cueing, cognitive load, anxiety, understanding, and response to changing functional presentation during the bathing episode;
- continuity of care-relevant information before, during, and after bathing support, including changes or concerns that should be communicated through appropriate channels;
- role-boundary questions that arise when bathing support reveals conditions requiring clarification, assistance, escalation, or involvement of clinical, supervisory, emergency, or other external systems.

These issues are not additional Core Quality Factors or Core Quality Indicators. They are context-specific visibility conditions that help prevent the bathing support context from being reduced to a completed bath, shower, or hygiene task.

Sections 6 through 11 use these visibility issues to support boundary and interface interpretation, Indicator-level Quality Outcome Criteria, evidence evaluation, Quality Claim Statements, and Critical Condition interpretation.

4. Service Quality Object in the Bathing Support Context

4.1 General

The Service Quality Object in this Context Guide is the Personal Care Aide (PCA) bathing support service.

Consistent with PCA1, the Service Quality Object consists of the occupational work performed by the Personal Care Aide together with the results produced by that work within the declared service boundary.

The quality state determined under this Context Guide applies to the Service Quality Object as a whole rather than to individual constituent parts considered in isolation.

4.2 Constituent Parts of the Service Quality Object

Within the bathing support context, this Context Guide applies the invariant constituent-part logic established by PCA1.

The Service Quality Object consists of the interacting constituent parts necessary to realize its intended function in the bathing support context.

These constituent parts include:

- the person receiving support;
- the Personal Care Aide;
- the bathing support work performed;
- the results produced by that work;
- the intended function of the service as realized in the bathing support context;
- the internal boundaries and interfaces among constituent parts;
- the external boundary and external interfaces through which the service interacts with surrounding systems.

The Service Quality Object does not become the bathroom, equipment system, documentation, care plan, or task list.

Bathing environment, water, surfaces, equipment, supplies, service-related information, care direction, family input, supervision, healthcare communication, and similar conditions are treated as context elements or interface conditions.

They influence realization of the Service Quality Object and may be included in the declared service boundary only to the extent relevant to the Quality Claim Statement being made. They do not redefine the invariant Service Quality Object established by PCA1.

4.3 Service Boundary

The declared Service Quality Object shall have clearly identified boundaries.

The service boundary defines what is included in, and excluded from, the quality determination.

Quality Claim Statements made using this Context Guide shall clearly identify the declared service boundary.

4.4 Internal and External Interfaces

The constituent parts of the Service Quality Object, together with relevant context elements and interface conditions, interact through internal and external interfaces.

Examples include:

- interaction between the person and the Personal Care Aide;
- interaction between the Personal Care Aide and the bathing environment;
- interaction with bathing equipment and assistive devices;
- interaction with service-related information;
- interaction with family members, supervisors, healthcare professionals, and other external parties where relevant to the bathing support service.

These interfaces influence realization of the intended function and therefore contribute to determination of the quality state.

4.5 Relationship to the Bathing Support Context

The bathing support context provides the conditions under which the Service Quality Object is realized.

Changes in the bathing environment, the person's condition, available equipment, service arrangements, or other contextual conditions may influence realization of the intended function.

Such contextual variation affects interpretation of Quality Outcome Criteria and evidence.

It does not change the identity of the Service Quality Object established by PCA1.

5. Intended Function and Function Realization

5.1 General

The intended function of the Personal Care Aide Service Quality Object remains the same as established by PCA1.

This Context Guide interprets how that intended function is realized within the bathing support context.

Function realization is determined by the extent to which the bathing support service achieves its intended results through appropriate occupational work performed within the declared service boundary.

5.2 Intended Function in the Bathing Support Context

Within the bathing support context, the intended function is to support the person in bathing and related personal hygiene activities in a manner that:

- protects health, safety, and bodily integrity;
- supports daily functioning;
- preserves dignity, privacy, personhood, and autonomy;
- recognizes and responds appropriately to relevant changes or risks within the Personal Care Aide role;
- supports continuity of care-relevant information;
- minimizes infection and contamination risks within role boundaries; and
- remains consistent with the authorized scope of Personal Care Aide practice.

5.3 Function Realization

Function realization occurs through the interaction of the constituent parts of the Service Quality Object during bathing support.

It is influenced by:

- the person's functional presentation;
- the work performed by the Personal Care Aide;
- the bathing environment;
- available equipment and materials;
- communication;
- service-related information;
- internal and external boundaries and interfaces; and
- other context-specific conditions affecting the bathing support service.

Function realization is therefore evaluated as the realization of the Service Quality Object as a whole rather than as completion of individual bathing tasks.

In the bathing support context, function realization becomes visible through the manner in which the service manages wet surfaces, water temperature, transfer conditions, exposure, privacy, hygiene, equipment use, communication, pacing, and role-appropriate response to changes. A washed body, clean clothing, or completed bathing routine is therefore not sufficient by itself to demonstrate realization of the intended function.

5.4 Factors Influencing Function Realization

The extent to which the intended function is realized may be influenced by:

- changes in the person's condition during bathing;
- movement, balance, fatigue, pain, or discomfort;
- environmental conditions;
- privacy and dignity considerations;
- communication and understanding;
- authorized equipment and assistive devices;
- hygiene and contamination conditions;
- care direction and consumer preferences;
- service continuity; and
- other context-specific conditions.

These factors influence realization of the intended function but do not alter the invariant Core Quality Factors or Core Quality Indicators.

5.5 Relationship to Quality Determination

Quality determination under this Context Guide concerns the extent to which the intended function is realized within the declared bathing support context.

Accordingly, quality determination shall consider:

- the Service Quality Object;
- the intended function;
- realization of that intended function;
- the applicable Core Quality Factors;
- the applicable Core Quality Indicators;
- the context-specific Quality Outcome Criteria;
- the available evidence; and
- applicable Critical Conditions identified in Section 11; and
- the declared Quality Claim Statement.

Completion of bathing activities, compliance with routine procedures, or absence of observable problems does not, by itself, demonstrate satisfactory realization of the intended function.

6. Context Boundaries and Interfaces

6.1 General

The intended function of the Personal Care Aide Service Quality Object is realized within defined boundaries and through internal and external interfaces.

Identification and interpretation of these boundaries and interfaces are essential for determining the quality state of the Service Quality Object within the bathing support context.

The boundaries and interfaces described in this section are context-specific interpretations of the invariant Service Quality Object established by PCA1.

6.2 Planned and Realized Boundaries and Interfaces

Before bathing support begins, some boundaries and interfaces may be identified through care direction, consumer preference, service plans, equipment availability, environmental conditions, and known support needs.

However, not all boundaries and interfaces can be fully understood from planning alone.

Some become visible only when the bathing support service is actually performed.

For example, actual balance, fatigue, pain, refusal, privacy needs, tolerance of water temperature, communication difficulty, equipment usability, skin vulnerability, or environmental limitation may appear or change during the bathing episode.

Quality determination shall therefore consider both planned service conditions and realized service conditions observed during actual support.

6.3 Internal Boundaries

Internal boundaries separate the constituent parts of the Service Quality Object while enabling their interaction during realization of the intended function.

Within the bathing support context, important internal boundaries include:

- the boundary between the person receiving support and the Personal Care Aide;
- the boundary between occupational work and the results produced;
- the boundary between physical assistance and the person's own participation;
- the boundary between observation and clinical judgment;
- the boundary between service-related information and service actions; and
- other boundaries influencing realization of the intended function.

These internal boundaries are dynamic and may change during realization of the bathing support service.

6.4 External Boundaries

External boundaries distinguish the Service Quality Object from external systems that influence, support, regulate, or interact with the bathing support service.

Examples include:

- healthcare services;
- provider organizations;
- consumer-directed service arrangements;
- family members and informal caregivers;
- regulatory authorities;
- funding organizations;
- emergency services;
- equipment suppliers; and
- other external organizations or individuals.

These external systems are not constituent parts of the Service Quality Object.

6.5 Internal Interfaces

Internal interfaces are the points of interaction between constituent parts of the Service Quality Object.

Examples within the bathing support context include:

- communication between the person and the Personal Care Aide;
- physical interaction during bathing support;
- interaction with bathing equipment and assistive devices;
- information supporting the bathing activity;
- interaction between work performed and the results produced; and
- interaction among other constituent parts affecting realization of the intended function.

Quality determination considers whether these interfaces contribute to or interfere with realization of the intended function.

6.6 External Interfaces

External interfaces connect the Service Quality Object with external systems.

Examples include:

- communication with supervisors;
- communication with family members;
- communication with healthcare professionals;
- communication with consumer-directed representatives;
- reporting of observed concerns;

- information exchange;
- care direction; and
- other interactions relevant to the bathing support service.

External interfaces may influence realization of the intended function without becoming constituent parts of the Service Quality Object.

6.7 Boundary and Interface Verification

Because some boundaries and interfaces become visible only during actual service realization, quality determination should not rely solely on planned service arrangements.

Evidence may be needed to verify whether relevant boundaries and interfaces operated as expected during the bathing support service.

For example, evidence may show whether privacy was actually preserved, whether support matched actual ability, whether equipment was usable in the real environment, whether communication was understood, whether refusal or discomfort was respected, or whether escalation occurred when unsafe conditions appeared.

Verification of boundaries and interfaces does not require intrusive monitoring or clinical evaluation.

It requires sufficient evidence to support the Quality Claim Statement being made.

6.8 Relationship to Quality Determination

Boundaries and interfaces influence realization of the intended function throughout the bathing support service.

Accordingly, determination of the quality state should consider:

- whether relevant boundaries have been appropriately identified;
- whether significant interfaces have been appropriately recognized;
- whether planned conditions were consistent with realized conditions;
- whether interactions across those interfaces support realization of the intended function; and
- whether unresolved boundary or interface conditions affect applicable Quality Outcome Criteria, available evidence, or Quality Claim Statements.

Identification of boundaries and interfaces does not, by itself, determine quality.

Rather, it provides the context necessary for consistent interpretation of the Core Quality Factors, Core Quality Indicators, Quality Outcome Criteria, evidence, and Quality Claim Statements.

7. Interpretation of Invariant Core Quality Factors

7.1 General

The eight Core Quality Factors established by PCA1 remain invariant within the bathing support context.

This section interprets the purpose and significance of each Factor as it applies to realization of the intended function of the Personal Care Aide Service Quality Object during bathing support.

The Factors identify the broad dimensions through which realization of the intended function becomes observable.

Context-specific interpretation does not modify the Core Quality Factors. It explains how they are understood within bathing support.

The detailed interpretation of the Core Quality Indicators, together with context-specific Quality Outcome Criteria and illustrative evidence, is provided in Section 8.

The purpose of this interpretation is to keep bathing-specific conditions visible under each invariant Core Quality Factor. A factor should not be interpreted generically when the bathing context creates distinct visibility issues such as water, temperature, wet surfaces, transfers, exposure, hygiene, contamination, equipment usability, communication, pacing, fatigue, and role-boundary escalation.

7.2 Factor 1 — Protection from Foreseeable Harm

Within the bathing support context, this Factor concerns foreseeable conditions that may threaten safety, bodily integrity, dignity, or continuity of support.

Typical bathing-related conditions include wet surfaces, water temperature, transfers, fatigue, balance changes, environmental hazards, privacy loss, unsafe equipment, and other foreseeable conditions affecting realization of the intended function.

7.3 Factor 2 — Maintenance of Health and Bodily Integrity

Within the bathing support context, this Factor concerns support that protects bodily integrity, physical comfort, skin condition, physiological stability, and general well-being while remaining within the Personal Care Aide role.

The emphasis is on supporting health through appropriate assistance rather than performing clinical care.

7.4 Factor 3 — Support for Daily Functioning

Within the bathing support context, this Factor concerns assistance that enables the person to participate in bathing and personal hygiene activities consistent with the person's functional abilities, preferences, and support needs.

The emphasis is on realization of daily functioning rather than simple completion of bathing tasks.

7.5 Factor 4 — Respect for Personhood and Autonomy

Within the bathing support context, this Factor concerns preservation of dignity, privacy, bodily integrity, consent, personal preferences, cultural considerations, and respect for the person throughout realization of the bathing support service.

7.6 Factor 5 — Timely Recognition and Escalation of Risk

Within the bathing support context, this Factor concerns recognition of changes that become visible during bathing support and appropriate communication, escalation, and follow-through within the Personal Care Aide role.

Particular attention is given to conditions that emerge during realization of the service rather than conditions known only during planning.

7.7 Factor 6 — Continuity and Accuracy of Care-Relevant Information

Within the bathing support context, this Factor concerns the availability, accuracy, continuity, and appropriate communication of information necessary for realization of the intended function before, during, and after bathing support.

7.8 Factor 7 — Control of Infection and Contamination Risks

Within the bathing support context, this Factor concerns maintenance of hygienic conditions, prevention of contamination, and appropriate recognition and communication of infection-related concerns within the boundaries of the Personal Care Aide role.

7.9 Factor 8 — Scope-Appropriate Practice and Judgment

Within the bathing support context, this Factor concerns realization of bathing support within authorized occupational boundaries while exercising appropriate judgment, recognizing role limitations, and seeking assistance or escalation whenever necessary.

7.10 Relationship to Section 8

Section 8 is the main application section of this Guide. It applies each invariant PCA1 Core Quality Indicator to bathing support by providing context interpretation, context-specific Quality Outcome Criteria, and illustrative evidence considerations.

The Factor summaries in Section 7 should therefore be read as orientation. The Indicator-level interpretation in Section 8 provides the primary basis for PAB1-specific quality determination.

8. Interpretation of Invariant Core Quality Indicators and Quality Outcome Criteria

8.1 General

This section interprets the invariant Core Quality Indicators established by PCA1 for the bathing support context.

The Core Quality Indicators remain unchanged.

This Context Guide interprets their application during realization of the bathing support service and develops context-specific Quality Outcome Criteria.

The Quality Outcome Criteria presented in this section are derived from the invariant Core Quality Indicators.

They do not establish new Core Quality Factors or Core Quality Indicators.

Each Quality Outcome Criterion shall be interpreted as a context-specific expected state or result for the declared bathing support context. It shall be applied only within the declared service boundary, the applicable evidence basis, and the limitations identified in the Quality Claim Statement.

Illustrative Evidence Considerations are provided to support evidence-based quality determination and responsible Quality Claim Statements.

When applying the indicators, the assessment should preserve the specific conditions of bathing support rather than treating the indicator as a general caregiving statement. For example, protection from foreseeable harm should remain connected to water, surfaces, temperature, transfer conditions, fatigue, privacy, and equipment usability; respect for autonomy should remain connected to exposure, consent, refusal, pacing, and dignity; infection and contamination control should remain connected to the actual handling of clean and soiled materials during bathing support.

8.2 Factor 1 — Protection from Foreseeable Harm

Indicator 1.1 — Identification of Foreseeable Harm Conditions

Context Interpretation

Within the bathing support context, foreseeable harm conditions may include wet or slippery surfaces, unsafe water temperature, unstable transfers, inadequate lighting, unsuitable equipment, clutter,

restricted movement, fatigue, dizziness, pain, privacy loss, contamination, communication barriers, or other conditions that may interfere with realization of the intended function.

Some foreseeable harm conditions may be identified before bathing begins, while others become visible only during realization of the bathing support service.

Context-Specific Quality Outcome Criteria

For this indicator in the bathing support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- foreseeable bathing-support hazards are recognized before or during service delivery;
- relevant environmental, functional, and personal conditions are considered;
- conditions exceeding the Personal Care Aide role are recognized for communication or escalation;
- foreseeable harm conditions are not ignored because bathing is considered a routine activity.

Illustrative Evidence Considerations

Illustrative evidence may include:

- direct observation of the bathing environment;
- observations made during the bathing episode;
- communication records;
- support documentation;
- consumer or caregiver feedback;
- reports of identified hazards or concerns; and
- other evidence relevant to the declared Quality Claim Statement.

Indicator 1.2 — Adjustment of Support to Mitigate Identified Risk

Context Interpretation

Bathing support may require modification of pacing, positioning, sequencing, communication, environmental preparation, privacy protection, use of authorized equipment, or assistance level in response to identified conditions.

Context-Specific Quality Outcome Criteria

For this indicator in the bathing support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- support is adjusted to actual bathing conditions;
- adjustments remain within the Personal Care Aide role;
- identified risks are addressed appropriately;
- support remains responsive throughout realization of the bathing service.

Illustrative Evidence Considerations

Illustrative evidence may include:

- observation of modified support;
- reports describing changes in assistance;
- communication records;
- consumer feedback;
- caregiver observations; and
- other evidence supporting the Quality Claim Statement.

Indicator 1.3 — Prevention of Avoidable Injury or Harm

Context Interpretation

Within the bathing support context, prevention of avoidable harm includes physical injury, thermal injury, slips, falls, unnecessary discomfort, loss of dignity, contamination, psychological distress, or other preventable adverse conditions occurring within the declared service boundary.

Context-Specific Quality Outcome Criteria

For this indicator in the bathing support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- avoidable harm is minimized;
- bathing support remains consistent with realization of the intended function;
- dignity-related harm is considered together with physical harm;
- conditions outside PCA authority are recognized and communicated appropriately.

Illustrative Evidence Considerations

Illustrative evidence may include:

- observations;
- incident reports;
- communication records;
- consumer feedback;
- follow-up actions; and
- other evidence relevant to the Quality Claim Statement.

Indicator 1.4 — Pausing, Modifying, or Escalating When Unsafe Conditions Arise

Context Interpretation

When unsafe conditions become visible during bathing support, realization of the intended function may require pausing, modifying, or discontinuing support, seeking assistance, or escalating concerns through appropriate channels.

Context-Specific Quality Outcome Criteria

For this indicator in the bathing support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- unsafe continuation of bathing support is avoided;
- appropriate assistance or escalation occurs;
- actions remain within the Personal Care Aide role;
- unsafe conditions are not ignored.

Illustrative Evidence Considerations

Illustrative evidence may include:

- communication records;
- incident reports;
- observations of modified support;
- documentation of assistance sought;
- supervisor or caregiver reports; and
- other evidence supporting the Quality Claim Statement.

8.3 Factor 2 — Maintenance of Health and Bodily Integrity

Indicator 2.1 — Protection of Skin, Joints, and Physical Integrity

Context Interpretation

Within the bathing support context, bathing activities may directly affect skin integrity, joints, posture, movement, pressure areas, physical comfort, and bodily integrity.

Realization of the intended function requires that bathing support protects the person's physical well-being while remaining within the authorized Personal Care Aide role.

Context-Specific Quality Outcome Criteria

For this indicator in the bathing support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- bathing support minimizes unnecessary friction, pressure, twisting, pulling, or rough handling;
- skin, joints, and bodily integrity are appropriately protected during support;
- observable concerns are recognized and communicated through appropriate channels;
- support remains respectful of the person's dignity and comfort.

Illustrative Evidence Considerations

Illustrative evidence may include:

- direct observation of bathing support;
- observations of positioning and movement;
- communication records;
- consumer feedback;
- reports of discomfort or concerns; and
- other evidence supporting the Quality Claim Statement.

Indicator 2.2 — Support of Hydration, Nutrition, and Physiological Stability Within Role Scope

Context Interpretation

Bathing support may influence physiological stability through fatigue, heat, exertion, dizziness, discomfort, anxiety, or reduced tolerance.

Within the Personal Care Aide role, realization of the intended function includes providing support that recognizes these conditions without assuming clinical responsibility.

Context-Specific Quality Outcome Criteria

For this indicator in the bathing support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- bathing support considers the person's tolerance and comfort;
- pacing is appropriate to the person's presentation;
- observable concerns are communicated appropriately;
- physiological stress is not unnecessarily increased during bathing support.

Illustrative Evidence Considerations

Illustrative evidence may include:

- observations during bathing;
- reports of fatigue or discomfort;
- communication records;
- consumer feedback;

- support documentation; and
- other evidence relevant to the Quality Claim Statement.

Indicator 2.3 — Recognition of Physical Changes Relevant to Health Stability

Context Interpretation

Bathing support may reveal observable physical changes including changes in skin condition, bruising, swelling, pain, mobility, weakness, fatigue, breathing, balance, or other conditions that may influence realization of the intended function.

Recognition of such changes does not require diagnosis.

Context-Specific Quality Outcome Criteria

For this indicator in the bathing support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- observable physical changes are recognized when relevant;
- changes affecting bathing support are communicated appropriately;
- recognition remains within the Personal Care Aide role;
- diagnosis or treatment is not undertaken by the Personal Care Aide.

Illustrative Evidence Considerations

Illustrative evidence may include:

- observations;
- communication records;
- support documentation;
- reports to authorized persons;
- follow-up actions; and
- other evidence supporting the Quality Claim Statement.

Indicator 2.4 — Minimization of Physiological Stress During Assistance

Context Interpretation

Bathing support should minimize avoidable physiological stress arising from temperature, exertion, prolonged standing, positioning, anxiety, discomfort, fatigue, or other bathing-related conditions.

Support should remain responsive to the person's changing presentation throughout realization of the bathing service.

Context-Specific Quality Outcome Criteria

For this indicator in the bathing support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- bathing support is appropriately paced;
- avoidable physiological stress is minimized;
- discomfort or reduced tolerance results in appropriate modification or communication;
- efficiency does not override safety, dignity, or well-being.

Illustrative Evidence Considerations

Illustrative evidence may include:

- direct observation;
- consumer feedback;
- communication records;
- support documentation;

- reports regarding modified assistance; and
- other evidence relevant to the Quality Claim Statement.

8.4 Factor 3 — Support for Daily Functioning

Indicator 3.1 — Alignment of Assistance with Functional Ability

Context Interpretation

Within the bathing support context, assistance should be aligned with the person's actual functional abilities, current presentation, preferences, and support needs throughout realization of the bathing support service.

Functional abilities may vary before, during, or after bathing because of fatigue, pain, weakness, anxiety, balance, cognition, environmental conditions, or other context-specific factors.

Context-Specific Quality Outcome Criteria

For this indicator in the bathing support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- assistance is consistent with the person's actual functional abilities;
- support reflects the person's current presentation rather than assumptions or routine practice;
- changes in functional ability during bathing support are recognized;
- support remains responsive throughout realization of the intended function.

Illustrative Evidence Considerations

Illustrative evidence may include:

- direct observation of bathing support;
- consumer participation during bathing;
- communication records;
- support documentation;
- consumer or caregiver feedback; and
- other evidence supporting the Quality Claim Statement.

Indicator 3.2 — Support Without Creating Unnecessary Dependency

Context Interpretation

Bathing support should encourage the person's participation to the greatest extent appropriate while avoiding unnecessary dependency or inappropriate withdrawal of assistance.

Support should remain consistent with the person's abilities, preferences, safety, dignity, and authorized service arrangements.

Context-Specific Quality Outcome Criteria

For this indicator in the bathing support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- participation is encouraged whenever appropriate;
- unnecessary dependency is avoided;
- assistance is neither excessive nor insufficient;
- realization of the intended function remains the primary objective.

Illustrative Evidence Considerations

Illustrative evidence may include:

- observation of participation during bathing;

- consumer feedback;
- caregiver observations;
- communication records;
- support documentation; and
- other evidence relevant to the Quality Claim Statement.

Indicator 3.3 — Appropriate Use of Available Supports and Equipment Within Role Boundaries

Context Interpretation

Bathing support may involve authorized equipment, assistive devices, and bathing-related materials that contribute to realization of the intended function.

The Personal Care Aide uses available equipment appropriately within occupational role boundaries without prescribing, modifying, or repairing equipment beyond authorized responsibilities.

Context-Specific Quality Outcome Criteria

For this indicator in the bathing support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- authorized equipment is used appropriately;
- equipment contributes to safe and effective bathing support;
- equipment concerns are recognized and communicated appropriately;
- support remains within the authorized Personal Care Aide role.

Illustrative Evidence Considerations

Illustrative evidence may include:

- direct observation;
- communication records;
- equipment-related reports;
- consumer feedback;
- support documentation; and
- other evidence supporting the Quality Claim Statement.

Indicator 3.4 — Adaptation of Assistance as Functional Abilities Change

Context Interpretation

Functional abilities may change during realization of the bathing support service.

Appropriate bathing support remains responsive to changes in strength, balance, fatigue, cognition, discomfort, communication, confidence, or other conditions affecting realization of the intended function.

Context-Specific Quality Outcome Criteria

For this indicator in the bathing support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- assistance is adapted to changing functional presentation;
- modifications remain within the Personal Care Aide role;
- significant changes are communicated appropriately;
- realization of the intended function continues to guide the support provided.

Illustrative Evidence Considerations

Illustrative evidence may include:

- direct observation;

- communication records;
- support documentation;
- reports describing modified assistance;
- consumer or caregiver feedback; and
- other evidence relevant to the Quality Claim Statement.

8.5 Factor 4 — Respect for Personhood and Autonomy

Indicator 4.1 — Maintenance of Privacy and Bodily Dignity

Context Interpretation

Within the bathing support context, bathing assistance frequently involves physical exposure, intimate personal care, close physical interaction, and protection of the person's private space.

Realization of the intended function requires that privacy and bodily dignity be preserved throughout the bathing support service.

Protection of dignity is an integral element of service quality rather than a separate courtesy or optional practice.

Context-Specific Quality Outcome Criteria

For this indicator in the bathing support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- privacy is maintained throughout the bathing support service;
- unnecessary exposure is avoided;
- bodily dignity is preserved during assistance;
- communication and interaction remain respectful;
- realization of the intended function supports both physical assistance and preservation of personhood.

Illustrative Evidence Considerations

Illustrative evidence may include:

- direct observation of bathing support;
- consumer feedback;
- caregiver observations;
- communication records;
- support documentation; and
- other evidence supporting the Quality Claim Statement.

Indicator 4.2 — Respect for Choice, Consent, and Individual Preferences

Context Interpretation

Bathing support should recognize the person's choices, consent, preferences, pace, and participation throughout realization of the bathing support service.

The person's preferences should be respected whenever consistent with safety, authorized support, and the Personal Care Aide role.

Context-Specific Quality Outcome Criteria

For this indicator in the bathing support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- consent is appropriately respected;

- individual preferences are recognized;
- bathing support proceeds at an appropriate pace;
- refusal or discomfort is recognized and addressed appropriately;
- support remains consistent with the intended function.

Illustrative Evidence Considerations

Illustrative evidence may include:

- direct observation;
- consumer feedback;
- communication records;
- support documentation;
- reports describing preferences or concerns; and
- other evidence relevant to the Quality Claim Statement.

Indicator 4.3 — Respect for Cultural, Personal, and Household Values

Context Interpretation

Bathing routines may reflect personal, cultural, religious, linguistic, household, or family preferences.

Realization of the intended function should respect these preferences whenever they remain consistent with safety, authorized support, and the Personal Care Aide role.

Context-Specific Quality Outcome Criteria

For this indicator in the bathing support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- relevant personal and cultural preferences are recognized;
- support reflects household or family routines where appropriate;
- uncertainty or conflict is communicated appropriately;
- realization of the intended function remains respectful of the person's individuality.

Illustrative Evidence Considerations

Illustrative evidence may include:

- consumer direction;
- family or caregiver feedback;
- communication records;
- support documentation;
- direct observation; and
- other evidence supporting the Quality Claim Statement.

Indicator 4.4 — Absence of Coercive, Disrespectful, or Demeaning Practices

Context Interpretation

Bathing support shall be free from coercive, humiliating, intimidating, disrespectful, or demeaning practices.

Realization of the intended function requires that the person be treated with respect throughout the bathing support service regardless of functional ability, communication style, age, diagnosis, or support needs.

Context-Specific Quality Outcome Criteria

For this indicator in the bathing support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- support is free from coercive or demeaning practices;
- communication remains respectful;
- unnecessary force, humiliation, or intimidation is absent;
- realization of the intended function preserves trust, dignity, and personhood.

Illustrative Evidence Considerations

Illustrative evidence may include:

- direct observation;
- consumer feedback;
- caregiver observations;
- communication records;
- complaints or commendations;
- support documentation; and
- other evidence relevant to the Quality Claim Statement.

8.6 Factor 5 — Timely Recognition and Escalation of Risk

Indicator 5.1 — Observation of Relevant Changes in Condition or Response

Context Interpretation

Within the bathing support context, realization of the intended function requires continuous awareness of relevant changes that may become visible before or during the bathing support service.

Observable changes may include alterations in physical condition, balance, mobility, skin condition, pain, fatigue, breathing, cognition, emotional response, communication, tolerance, privacy concerns, environmental conditions, equipment performance, or other circumstances affecting realization of the intended function.

Recognition of such changes remains within the Personal Care Aide role and does not require clinical diagnosis.

Context-Specific Quality Outcome Criteria

For this indicator in the bathing support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- relevant changes are recognized during realization of the bathing support service;
- observations are based upon actual service conditions rather than assumptions;
- changes affecting realization of the intended function are not ignored;
- observations remain within the Personal Care Aide role.

Illustrative Evidence Considerations

Illustrative evidence may include:

- direct observation during bathing support;
- communication records;
- support documentation;
- consumer or caregiver feedback;
- reports of observed changes; and
- other evidence supporting the Quality Claim Statement.

Indicator 5.2 — Judgment Regarding the Significance of Observed Changes Within Role Scope

Context Interpretation

Observed changes may require the Personal Care Aide to determine whether continuation of support remains appropriate or whether communication, modification of assistance, or escalation is required.

Judgment remains limited to the authorized Personal Care Aide role and does not include diagnosis or independent clinical decision-making.

Context-Specific Quality Outcome Criteria

For this indicator in the bathing support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- relevant changes are appropriately evaluated within role boundaries;
- appropriate distinction is made between routine variation and significant change;
- uncertainty results in appropriate communication or escalation;
- realization of the intended function remains the guiding consideration.

Illustrative Evidence Considerations

Illustrative evidence may include:

- communication records;
- escalation documentation;
- supervisor observations;
- support documentation;
- reports describing decision-making within role boundaries; and
- other evidence relevant to the Quality Claim Statement.

Indicator 5.3 — Timely Communication of Concerns

Context Interpretation

Realization of the intended function may require timely communication of concerns identified before, during, or immediately following bathing support.

Communication should occur through appropriate channels while respecting privacy, dignity, and the boundaries of the Personal Care Aide role.

Context-Specific Quality Outcome Criteria

For this indicator in the bathing support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- significant concerns are communicated in a timely manner;
- communication follows authorized pathways;
- necessary information is communicated accurately;
- unnecessary disclosure of personal information is avoided.

Illustrative Evidence Considerations

Illustrative evidence may include:

- communication records;
- support documentation;
- reports to supervisors or authorized persons;
- consumer or caregiver feedback;
- follow-up records; and
- other evidence supporting the Quality Claim Statement.

Indicator 5.4 — Appropriate Follow-Through After Escalation

Context Interpretation

Following communication or escalation, realization of the intended function requires appropriate follow-through within the Personal Care Aide role.

Follow-through may include modifying support, following updated direction, documenting communication where appropriate, or avoiding continuation of unsafe bathing support.

Context-Specific Quality Outcome Criteria

For this indicator in the bathing support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- follow-through remains consistent with the Personal Care Aide role;
- communicated concerns are appropriately addressed;
- updated direction is followed where applicable;
- unsafe continuation of bathing support is avoided.

Illustrative Evidence Considerations

Illustrative evidence may include:

- communication records;
- follow-up documentation;
- supervisor reports;
- observations of modified support;
- consumer or caregiver feedback; and
- other evidence relevant to the Quality Claim Statement.

8.7 Factor 6 — Continuity and Accuracy of Care-Relevant Information

Indicator 6.1 — Accuracy of Information Used to Guide PCA Support

Context Interpretation

Within the bathing support context, realization of the intended function depends upon accurate, current, and relevant information available before and during the bathing support service.

Such information may include the person's support needs, preferences, bathing routine, authorized assistance, equipment, environmental conditions, observed changes, and other facts relevant to realization of the intended function.

The Personal Care Aide uses available information appropriately within the authorized occupational role and recognizes when clarification is required.

Context-Specific Quality Outcome Criteria

For this indicator in the bathing support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- information used during bathing support is accurate and relevant;
- outdated, incomplete, or conflicting information is recognized and clarified where appropriate;
- bathing support reflects current service information;
- realization of the intended function is not based upon unsupported assumptions.

Illustrative Evidence Considerations

Illustrative evidence may include:

- support documentation;

- communication records;
- consumer direction;
- observations during service;
- reports from authorized persons; and
- other evidence supporting the Quality Claim Statement.

Indicator 6.2 — Information Transfer Across Caregivers, Shifts, or Support Arrangements

Context Interpretation

Bathing support may involve transitions between caregivers, family members, agencies, consumer-directed arrangements, or different service periods.

Realization of the intended function depends upon appropriate continuity of care-relevant information across these service interfaces.

Context-Specific Quality Outcome Criteria

For this indicator in the bathing support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- relevant bathing-support information is communicated appropriately;
- continuity of support is maintained across service transitions;
- critical information is not lost or distorted during information transfer;
- communication remains consistent with privacy and role boundaries.

Illustrative Evidence Considerations

Illustrative evidence may include:

- handoff documentation;
- communication records;
- supervisor observations;
- consumer or caregiver feedback;
- service documentation; and
- other evidence relevant to the Quality Claim Statement.

Indicator 6.3 — Consistency with Care Direction or Consumer Instruction

Context Interpretation

Bathing support should remain consistent with applicable care direction, authorized consumer instruction, and the intended function of the Service Quality Object.

Where uncertainty, inconsistency, or changing conditions become visible during realization of the bathing support service, appropriate clarification or communication should occur.

Context-Specific Quality Outcome Criteria

For this indicator in the bathing support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- bathing support remains consistent with authorized direction;
- uncertainty is recognized and communicated appropriately;
- realization of the intended function remains responsive to actual service conditions;
- the Personal Care Aide does not independently modify clinical or organizational direction beyond the authorized role.

Illustrative Evidence Considerations

Illustrative evidence may include:

- care direction;
- consumer instruction;
- communication records;
- support documentation;
- observations during service; and
- other evidence supporting the Quality Claim Statement.

Indicator 6.4 — Protection from Information Loss, Distortion, or Inappropriate Disclosure

Context Interpretation

Information supporting realization of the bathing support service should remain accurate, complete, relevant, and appropriately protected.

Protection of information contributes not only to continuity of support but also to preservation of privacy, dignity, and trust within the Service Quality Object.

Context-Specific Quality Outcome Criteria

For this indicator in the bathing support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- care-relevant information is protected from unnecessary loss or distortion;
- information is communicated only through appropriate channels;
- privacy is preserved throughout information handling;
- realization of the intended function is supported by appropriate continuity of information.

Illustrative Evidence Considerations

Illustrative evidence may include:

- communication records;
- service documentation;
- observations;
- privacy-related reports;
- consumer feedback; and
- other evidence relevant to the Quality Claim Statement.

8.8 Factor 7 — Control of Infection and Contamination Risks

Indicator 7.1 — Maintenance of Hygienic Service Conditions

Context Interpretation

Within the bathing support context, realization of the intended function depends upon maintaining hygienic service conditions appropriate to the bathing support activity.

Bathing support commonly involves direct contact with the person's body, personal hygiene products, towels, washcloths, water, bathing surfaces, clothing, and other materials that may influence hygienic conditions.

The Personal Care Aide contributes to maintaining hygienic conditions within the authorized occupational role.

Context-Specific Quality Outcome Criteria

For this indicator in the bathing support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- hygienic conditions appropriate to the bathing support activity are maintained;

- bathing materials and supplies are handled appropriately;
- contamination concerns are recognized during service realization;
- realization of the intended function is not compromised by avoidable hygienic deficiencies.

Illustrative Evidence Considerations

Illustrative evidence may include:

- direct observation of bathing support;
- observations of bathing supplies and environment;
- communication records;
- consumer or caregiver feedback;
- support documentation; and
- other evidence supporting the Quality Claim Statement.

Indicator 7.2 — Appropriate Use of Clean Technique Within Role Boundaries

Context Interpretation

Within the bathing support context, realization of the intended function requires appropriate clean techniques consistent with the Personal Care Aide role.

The Guide does not prescribe clinical infection-control procedures or sterile techniques.

Rather, it interprets whether clean practices appropriate to the bathing support context contribute to realization of the intended function.

Context-Specific Quality Outcome Criteria

For this indicator in the bathing support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- clean techniques appropriate to the bathing support context are applied;
- contamination risks are minimized within role boundaries;
- hygienic practices remain appropriate throughout bathing support;
- activities beyond the Personal Care Aide role are not undertaken.

Illustrative Evidence Considerations

Illustrative evidence may include:

- direct observation;
- communication records;
- support documentation;
- consumer feedback;
- reports concerning hygienic practices; and
- other evidence relevant to the Quality Claim Statement.

Indicator 7.3 — Prevention of Cross-Contamination

Context Interpretation

Bathing support may involve conditions in which cross-contamination could occur between clean and soiled materials, body areas, bathing equipment, clothing, laundry, personal hygiene items, surfaces, or other service-related elements.

Realization of the intended function includes appropriate awareness of such conditions within the Personal Care Aide role.

Context-Specific Quality Outcome Criteria

For this indicator in the bathing support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- avoidable cross-contamination is minimized;
- clean and contaminated materials are appropriately managed;
- contamination concerns affecting bathing support are recognized;
- realization of the intended function remains consistent with hygienic service conditions.

Illustrative Evidence Considerations

Illustrative evidence may include:

- direct observation;
- communication records;
- support documentation;
- consumer or caregiver feedback;
- reports of contamination concerns; and
- other evidence supporting the Quality Claim Statement.

Indicator 7.4 — Recognition and Escalation of Infection or Contamination Risks

Context Interpretation

During realization of the bathing support service, infection-related or contamination-related concerns may become visible that require communication or escalation within the Personal Care Aide role.

Recognition of such concerns does not require diagnosis or treatment.

The Personal Care Aide remains responsible for appropriate observation, communication, and escalation within authorized occupational boundaries.

Context-Specific Quality Outcome Criteria

For this indicator in the bathing support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- observable infection or contamination concerns are recognized;
- concerns requiring additional attention are communicated appropriately;
- escalation occurs through appropriate channels where necessary;
- realization of the intended function remains consistent with the authorized Personal Care Aide role.

Illustrative Evidence Considerations

Illustrative evidence may include:

- communication records;
- support documentation;
- reports of observed concerns;
- supervisor or caregiver feedback;
- follow-up records; and
- other evidence relevant to the Quality Claim Statement.

8.9 Factor 8 — Scope-Appropriate Practice and Judgment

Indicator 8.1 — Practice Within Authorized Role Boundaries

Context Interpretation

Within the bathing support context, realization of the intended function requires that bathing support be provided within the authorized Personal Care Aide role.

The Personal Care Aide performs occupational work appropriate to the authorized service while recognizing the boundaries between direct support, observation, communication, escalation, and responsibilities belonging to clinicians, supervisors, emergency responders, family members, or other external parties.

Context-Specific Quality Outcome Criteria

For this indicator in the bathing support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- bathing support remains within the authorized Personal Care Aide role;
- occupational responsibilities are clearly distinguished from responsibilities belonging to other parties;
- role boundaries are maintained throughout realization of the bathing support service;
- realization of the intended function is not compromised by role overreach.

Illustrative Evidence Considerations

Illustrative evidence may include:

- direct observation of bathing support;
- communication records;
- support documentation;
- supervisor observations;
- consumer or caregiver feedback; and
- other evidence supporting the Quality Claim Statement.

Indicator 8.2 — Appropriate Judgment Within Role Scope

Context Interpretation

Bathing support frequently requires judgment regarding pace, sequence, positioning, privacy, communication, environmental conditions, equipment, and changing functional presentation.

Such judgment remains within the Personal Care Aide role and supports realization of the intended function without extending into clinical, supervisory, or regulatory decision-making.

Context-Specific Quality Outcome Criteria

For this indicator in the bathing support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- judgment remains appropriate to the bathing support context;
- decisions are responsive to actual service conditions;
- uncertainty results in appropriate communication or clarification;
- realization of the intended function remains the primary consideration.

Illustrative Evidence Considerations

Illustrative evidence may include:

- direct observation;
- communication records;

- support documentation;
- supervisor observations;
- consumer or caregiver feedback; and
- other evidence relevant to the Quality Claim Statement.

Indicator 8.3 — Avoidance of Unauthorized Diagnosis, Treatment, or Professional Practice

Context Interpretation

Bathing support may reveal conditions requiring attention by healthcare or other professionals.

The Personal Care Aide recognizes such conditions while remaining within the authorized occupational role.

Observation, communication, and escalation support realization of the intended function without assuming responsibilities belonging to licensed or otherwise authorized professionals.

Context-Specific Quality Outcome Criteria

For this indicator in the bathing support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- clinical or professional responsibilities are not undertaken by the Personal Care Aide;
- observations are communicated through appropriate channels;
- role boundaries are maintained throughout realization of the bathing support service;
- realization of the intended function remains consistent with the authorized occupational role.

Illustrative Evidence Considerations

Illustrative evidence may include:

- communication records;
- support documentation;
- supervisor observations;
- reports describing observed concerns;
- consumer or caregiver feedback; and
- other evidence supporting the Quality Claim Statement.

Indicator 8.4 — Appropriate Pausing, Assistance Seeking, and Escalation

Context Interpretation

During realization of the bathing support service, conditions may arise in which safe continuation is no longer appropriate.

Examples may include unexpected weakness, inability to complete a transfer safely, equipment failure, unsafe environmental conditions, significant distress, refusal, or other circumstances affecting realization of the intended function.

Appropriate pausing, assistance seeking, clarification, or escalation are quality-preserving actions within the Personal Care Aide role.

Context-Specific Quality Outcome Criteria

For this indicator in the bathing support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- unsafe continuation of bathing support is avoided;
- assistance is sought when appropriate;
- escalation occurs through authorized channels;
- realization of the intended function remains consistent with occupational role boundaries.

Illustrative Evidence Considerations

Illustrative evidence may include:

- communication records;
- incident documentation;
- supervisor observations;
- support documentation;
- consumer or caregiver feedback; and
- other evidence relevant to the Quality Claim Statement.

9. Context-Specific Evidence

9.1 General

Evidence supports determination of the quality state of the Personal Care Aide Service Quality Object within the bathing support context.

Evidence shall be evaluated in relation to:

- the declared Service Quality Object;
- the intended function;
- realization of the intended function;
- the applicable Core Quality Factors;
- the applicable Core Quality Indicators;
- the context-specific Quality Outcome Criteria; and
- the declared Quality Claim Statement.

Evidence shall be interpreted together with PCA1 and SCM1.

9.2 Purpose of Evidence

Within the bathing support context, evidence provides the basis for determining whether the intended function of the Service Quality Object has been realized.

Evidence supports objective quality determination rather than assumptions, opinions, isolated observations, or unsupported conclusions.

9.3 Sources of Evidence

Evidence may be obtained from one or more appropriate sources, including:

- direct observation of the bathing support service;
- observation of realization of the intended function;
- observations of the bathing environment;
- communication with the person receiving support;
- communication with the Personal Care Aide;
- information from family members or authorized caregivers;
- service documentation;
- incident and communication records;
- observations by supervisors or qualified reviewers; and
- other reliable and relevant sources.

No single source of evidence shall automatically determine the quality state of the Service Quality Object.

9.4 Evidence Across Function Realization

Evidence may be obtained before, during, and after realization of the bathing support service.

Examples include:

- planned service conditions before bathing begins;
- observations made during realization of the bathing support service;
- communication and follow-up after completion of the bathing support service.

Because some conditions become visible only during actual service realization, evidence should reflect both planned conditions and realized conditions.

For PAB1, evidence should be sufficient to show not only that bathing occurred, but that relevant bathing-specific conditions were visible within the evidence basis. Depending on the declared Quality Claim Statement, evidence may need to address the actual bathing environment, wet-surface conditions, water temperature concerns, transfer or balance conditions, privacy and exposure management, communication and refusal, hygiene and contamination conditions, equipment usability, observable skin or comfort concerns, and role-appropriate escalation.

9.5 Sufficiency of Evidence

Evidence shall be sufficient, relevant, and proportionate to support the Quality Claim Statement being made.

Evidence sufficiency depends upon:

- the scope of the Quality Claim Statement;
- the significance of the quality determination;
- the available evidence; and
- identified uncertainties; and
- limitations affecting interpretation.

Limitations affecting evidence shall be acknowledged when communicating Quality Claim Statements.

9.6 Relationship to Boundaries and Interfaces

Evidence should support verification of significant boundaries and interfaces affecting realization of the intended function.

Examples include:

- interaction between the person and the Personal Care Aide;
- interaction with the bathing environment;
- communication interfaces;
- equipment interfaces;
- information interfaces; and
- other interfaces relevant to the declared Service Quality Object.

Verification of these interfaces supports responsible quality determination and helps prevent Quality Claim Statements from exceeding the declared service boundary.

9.7 Relationship to Quality Claim Statements

Evidence collected within the bathing support context provides the foundation for responsible Quality Claim Statements and limits the scope of those statements.

For PAB1, the evidence basis should make visible the bathing-specific conditions relevant to the claim, including material boundary, interface, risk, dignity, hygiene, equipment, information, and escalation

conditions. Where those conditions are not sufficiently evidenced, the Quality Claim Statement shall be limited accordingly.

10. Context-Specific Quality Claim Statements

10.1 General

A Quality Claim Statement communicates the determined quality state of the Personal Care Aide Service Quality Object within the bathing support context.

Quality Claim Statements shall be based upon evidence supporting the realization of the intended function within the declared service boundary.

Quality Claim Statements shall be interpreted together with PCA1, this Context Guide, and SCM1.

10.2 Basis for Quality Claim Statements

Quality Claim Statements should be supported by evaluation of:

- the declared Service Quality Object;
- the intended function;
- realization of the intended function;
- the applicable Core Quality Factors;
- the applicable Core Quality Indicators;
- the context-specific Quality Outcome Criteria;
- the relationship between each evaluated Core Quality Indicator and its context-specific Quality Outcome Criteria;
- the available evidence;
- applicable Critical Conditions identified in Section 11; and
- the declared service boundary.

Quality Claim Statements shall remain consistent with the evidence available at the time the claim is made.

When a Critical Condition identified in Section 11 is present, unresolved, or not sufficiently evidenced, the Quality Claim Statement should be limited, qualified, or withheld so that it does not imply a broader quality state than the evidence supports.

10.3 Scope of Quality Claim Statements

Every Quality Claim Statement should clearly identify:

- the Service Quality Object;
- the bathing support context;
- the service boundary;
- the period or service episode evaluated;
- the Core Quality Factors, Core Quality Indicators, and Quality Outcome Criteria evaluated;
- significant assumptions;
- significant limitations; and
- the evidence supporting the claim.

Quality Claim Statements shall not imply conclusions beyond the available evidence.

10.4 Limitations of Quality Claim Statements

A Quality Claim Statement represents a determination of the quality state within the defined bathing support context.

A Quality Claim Statement does not by itself establish:

- compliance with laws or regulations;
- professional or clinical competence;
- accreditation status;
- organizational performance;
- future service performance; or
- quality outside the declared Service Quality Object.

Where limitations or uncertainties exist, they should be clearly identified.

The presence, absence, or unresolved status of Critical Conditions described in Section 11 should be stated where it affects the scope or reliability of the claim.

10.5 Communication of Quality Claim Statements

Quality Claim Statements should be communicated in a manner that is:

- accurate;
- objective;
- evidence-based;
- proportionate to the available evidence;
- understandable to intended users; and
- consistent with the Whole Quality methodology.

Quality Claim Statements should distinguish clearly between observed evidence, interpretation, assumptions, and professional opinion.

10.6 Relationship to Evidence

Quality Claim Statements are supported by evidence.

Evidence supports determination of the quality state.

Quality Claim Statements communicate that determination.

Where evidence is insufficient for an applicable Quality Outcome Criterion or where an unresolved Critical Condition affects function realization, the Quality Claim Statement shall be limited to the supported scope and shall identify the limitation.

Neither evidence nor Quality Claim Statements modify the Service Quality Object, the intended function, the Core Quality Factors, or the Core Quality Indicators established by PCA1.

11. Context-Specific Critical Conditions

11.1 General

Critical Conditions are conditions that, if absent, inadequate, degraded, unresolved, or not appropriately addressed, may prevent, significantly impair, distort, or prematurely terminate realization of the intended function of the Personal Care Aide Service Quality Object within the bathing support context.

Critical Conditions may be physical, environmental, informational, organizational, or human conditions that significantly influence realization of the intended function of the Service Quality Object.

Critical Conditions do not replace the Core Quality Factors or Core Quality Indicators established by PCA1.

Rather, they identify context-specific conditions that may significantly affect whether the intended function can be realized in the declared bathing support context.

11.2 Relationship to Function Realization

Critical Conditions may exist before realization of the bathing support service, during realization of the bathing support service, or immediately following completion of the bathing support service.

Where a Critical Condition is unresolved or insufficiently evidenced, the related Quality Outcome Criteria and any Quality Claim Statement shall be interpreted with that limitation clearly identified.

11.3 Illustrative Bathing-Specific Critical Conditions

The following conditions are illustrative PAB1-specific Critical Conditions because their absence, inadequacy, loss of visibility, or unresolved uncertainty may significantly affect realization of the intended function within the bathing support context:

- unsafe wet surfaces, poor drainage, inadequate lighting, or space constraints that materially affect safe movement or support;
- unsafe or poorly controlled water temperature, heat intolerance, dizziness, fatigue, pain, or other physiological stress affecting bathing tolerance;
- unsafe transfer, standing, sitting, turning, positioning, or equipment-use conditions during entry, bathing, drying, dressing, or exit;
- unresolved refusal, distress, fear, communication breakdown, confusion, or inability to understand or participate in the bathing sequence;
- loss of privacy, unnecessary exposure, coercion, humiliation, or disregard of bodily dignity during intimate personal care;
- observable skin, bruising, swelling, pain, pressure, or body-integrity concerns that affect safe and respectful support and require communication within role boundaries;
- cross-contamination, handling of soiled materials, inappropriate separation of clean and contaminated items, or unaddressed infection or hygiene concerns;
- equipment, supply, assistive-device, or environmental limitations that prevent safe and appropriate realization of the bathing support service;
- care direction, consumer instruction, handoff information, or supervision interface conditions that are unclear, inconsistent, missing, or unsuitable for the actual bathing episode;
- any condition that requires pausing, modification, assistance seeking, emergency response, or escalation because safe continuation of bathing support is no longer appropriate within the Personal Care Aide role.

These examples are not a separate checklist and do not create new Core Quality Factors or Core Quality Indicators. They identify bathing-specific conditions that may be critical to evidence interpretation and Quality Claim Statement boundaries.

11.4 Visibility of Critical Conditions in Quality Determination

Quality determination under PAB1 should make visible whether relevant bathing-specific Critical Conditions were absent, controlled, appropriately addressed, communicated, or unresolved. Where a Critical Condition is not visible in the evidence basis, the Quality Claim Statement should not imply that the condition was satisfactorily addressed.

A Quality Claim Statement for bathing support should therefore remain limited when evidence does not sufficiently address material PAB1-specific issues such as water temperature, wet-surface risk, transfer

safety, dignity during exposure, refusal or distress, hygienic handling, equipment usability, observable body concerns, or role-appropriate escalation.

12. Limitations and Non-Prescriptive Interpretation

12.1 General

This Context Guide supports interpretation of PCA1 within the bathing support context.

It does not prescribe a single method for providing bathing support and does not convert examples into mandatory service procedures.

The Guide is intended to support quality determination, not to function as an operational manual, clinical protocol, training curriculum, audit checklist, certification scheme, or regulatory requirement.

12.2 Non-Prescriptive Interpretation

Quality Outcome Criteria describe expected states or results relevant to realization of the intended function.

They do not prescribe exact methods, techniques, equipment, staffing arrangements, documentation forms, schedules, or service delivery procedures.

Different methods may support satisfactory realization of the intended function when they remain consistent with PCA1, this Context Guide, applicable requirements, and the available evidence.

12.3 Limits of Task Completion

Completion of a bathing task does not, by itself, demonstrate satisfactory quality.

A bathing activity may be completed while quality remains insufficient because of unresolved safety concerns, loss of dignity, poor communication, inappropriate role performance, inadequate hygiene, unrecognized risk, or insufficient evidence.

Quality determination concerns realization of the intended function of the Service Quality Object, not task completion alone.

For PAB1, task completion may conceal important quality failures if the bath was completed despite unsafe temperature, wet-surface risk, poorly supported transfer, avoidable exposure, ignored refusal, inadequate communication, cross-contamination, unreported skin concern, or role-boundary overreach.

12.4 Non-Substitutability of Critical Conditions

Satisfaction of one quality condition shall not be interpreted as compensating for an unresolved Critical Condition that materially affects realization of the intended function.

For example, completion of bathing does not compensate for unsafe transfer conditions, unresolved privacy violations, unsafe water temperature, unrecognized distress, or serious contamination concerns.

Where a Critical Condition remains unresolved, the Quality Claim Statement shall be limited accordingly.

12.5 Limits of Documentation and Compliance

Documentation, training records, program compliance, task authorization, or absence of incident reports may provide evidence.

However, they do not by themselves determine the quality state of the Service Quality Object.

Quality determination requires evidence related to the intended function, applicable Quality Outcome Criteria, boundaries, interfaces, Critical Conditions, and the declared Quality Claim Statement.

12.6 Limits of Absence-of-Concern Interpretation

Absence of complaints, incidents, observed harm, or reported concerns shall not by itself be interpreted as evidence of satisfactory quality.

Such absence may be relevant only when considered together with the sufficiency, relevance, reliability, and boundary fit of the available evidence.

12.7 Relationship to PCA1 and SCM1

This Context Guide shall be interpreted together with PCA1 and SCM1.

PCA1 establishes the invariant Core.

This Context Guide provides bathing-specific interpretation.

SCM1 governs conformity assessment, evidence evaluation, and responsible Quality Claim Statements.

13. Relationship to Care Direction, Training, Rules, and Other Requirements

13.1 General

Bathing support may be influenced by care direction, consumer direction, supervision, training, organizational rules, funding requirements, and applicable laws or regulations.

These requirements may shape the service context and may provide relevant evidence.

They do not replace PCA1, this Context Guide, or SCM1.

13.2 Care Direction and Consumer Direction

Care direction and consumer direction may define authorized support, preferences, limits, routines, and responsibilities.

Quality determination should consider whether bathing support is consistent with applicable direction while preserving safety, dignity, autonomy, role boundaries, and realization of the intended function.

In the bathing support context, care direction and consumer direction should be interpreted together with actual conditions observed during the bathing episode. A direction may be relevant but still require clarification, modification within role boundaries, or escalation when the actual environment, body condition, equipment, refusal, fatigue, water temperature, contamination concern, or transfer condition makes ordinary continuation unsafe or inappropriate.

Where direction is unclear, conflicting, unsafe, or outside the Personal Care Aide role, appropriate clarification or escalation may be necessary.

13.3 Training and Competence Context

Training and competence may support realization of the intended function in bathing support.

Training records, orientation, supervision, or demonstrated practice may provide evidence relevant to quality determination.

However, completion of training alone does not demonstrate satisfactory quality in a specific bathing support context.

13.4 Organizational and Program Requirements

Provider organizations, consumer-directed programs, residential programs, funding systems, and other service arrangements may establish requirements affecting bathing support.

Such requirements may influence boundaries, interfaces, documentation, supervision, escalation, and evidence.

Compliance with organizational or program requirements does not by itself determine the quality state of the Service Quality Object under this Context Guide.

13.5 Clinical, Legal, Safety, and Emergency Responsibilities

This Context Guide does not transfer clinical, legal, safety, emergency-response, supervisory, or management responsibilities to the Personal Care Aide.

Where bathing support conditions exceed the authorized Personal Care Aide role, appropriate communication, assistance seeking, escalation, or emergency response may be required through authorized channels.

13.6 Relationship to Other AMSI Context Guides

This Context Guide forms part of the AMSI PCA Context Guide family.

Other Context Guides may address related PCA service contexts such as dressing, toileting, mobility and transfer support, meal assistance, medication assistance within PCA role boundaries, household support, community participation, or other service contexts.

All PCA Context Guides shall remain anchored in PCA1 and shall preserve the invariant Core Quality Factors and Core Quality Indicators.

Annex A (Informative)

Illustrative Bathing Support Context and Service Quality Object

A.1 Purpose

This Annex provides an illustrative representation of the Service Quality Object and its realization within the bathing support context.

Its purpose is to assist interpretation of PCA1 and this Context Guide by illustrating how the invariant Service Quality Object is applied within a specific Personal Care Aide service context.

This Annex is informative and does not establish additional normative requirements.

A.2 Relationship to the Service Quality Object

The Service Quality Object remains that established by PCA1.

This Annex illustrates the interaction of the constituent parts of the Service Quality Object during realization of the bathing support service.

The illustrations contained in this Annex do not modify the Service Quality Object, intended function, Core Quality Factors, Core Quality Indicators, or other invariant elements established by PCA1.

A.3 Illustrative Constituent Parts

In the bathing support context, the invariant constituent parts remain those established by PCA1 and are illustrated as:

- the person receiving support;

- the Personal Care Aide;
- the bathing support work performed;
- the results produced by that work;
- the intended function as realized in the bathing support context;
- the internal boundaries and interfaces among constituent parts;
- the external boundary and external interfaces through which the service interacts with surrounding systems.

Context elements and interface conditions that may influence realization include the bathing environment, equipment, assistive devices, supplies, materials, service-related information, care direction, and external participants.

These context elements may vary according to the bathing support context.

They do not redefine or expand the invariant Service Quality Object established by PCA1.

A.4 Illustrative Function Realization

Realization of the intended function occurs through interaction among the constituent parts of the Service Quality Object.

Illustrative interactions may include:

- communication between the person and the Personal Care Aide;
- bathing support activities;
- changing functional presentation of the person;
- interaction with the bathing environment;
- interaction with equipment and assistive devices;
- information flow supporting the bathing service;
- internal and external interfaces; and
- context-specific Critical Conditions.

Realization of the intended function is dynamic and may differ from planned service arrangements because some boundaries, interfaces, uncertainties, and Critical Conditions become visible only during actual service realization.

A.5 Illustrative Relationship to Quality Determination

Quality determination considers the Service Quality Object as a whole.

Determination of the quality state considers, as appropriate:

- realization of the intended function;
- interaction among constituent parts;
- internal and external boundaries;
- internal and external interfaces;
- applicable Quality Outcome Criteria;
- Critical Conditions;
- available evidence; and
- the declared Quality Claim Statement.

Evaluation of a single constituent part alone does not determine the quality state of the complete Service Quality Object.

A.6 Illustrative Whole Quality Service Quality Object Diagram

Figure A.1 illustrates the Whole Quality Service Quality Object as applied to the bathing support context.

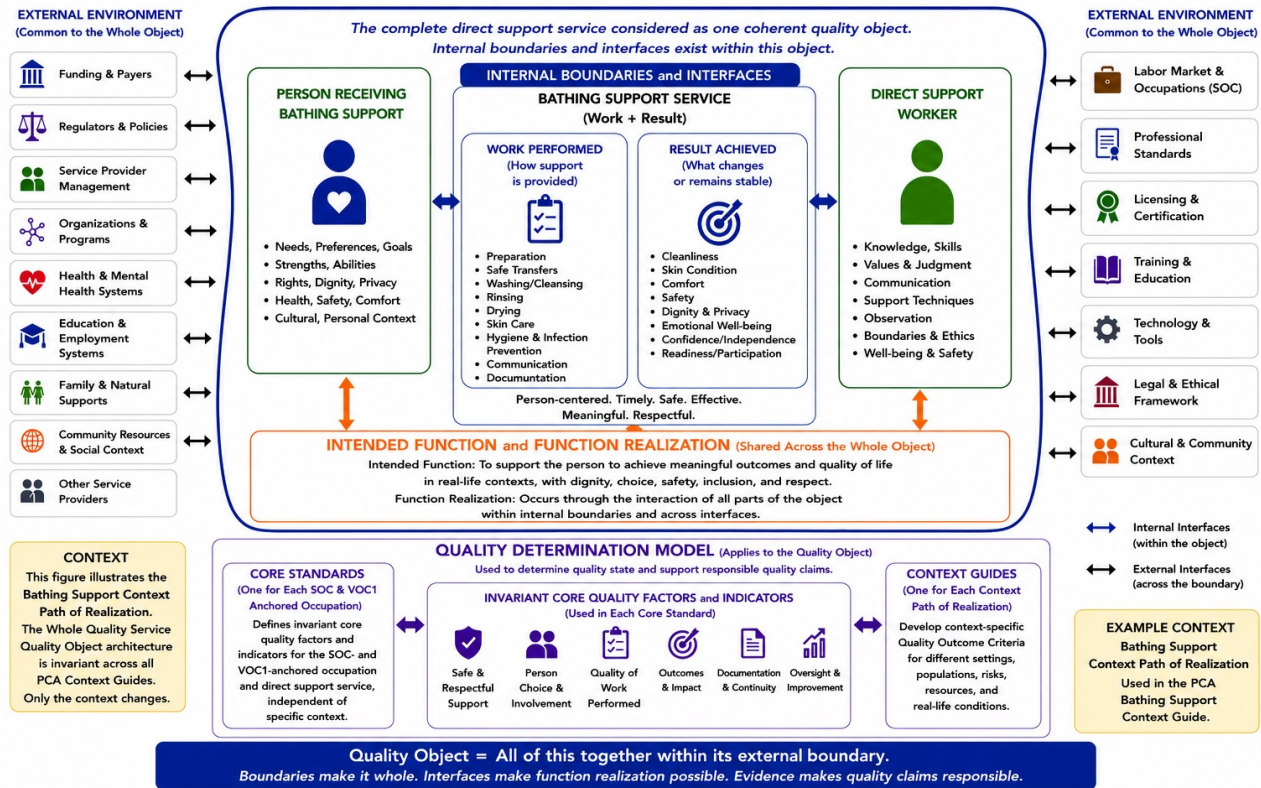
The diagram uses the same Whole Quality architecture established by PCA1. It is included to assist interpretation of this Context Guide by illustrating the constituent parts of the Service Quality Object together with their internal and external boundaries and interfaces.

The architecture of the Service Quality Object remains invariant across all PCA Context Guides. Only the context-specific interpretation changes.

The figure is illustrative and does not establish additional normative requirements.

Figure A.1 — Whole Quality Service Quality Object (Bathing Support Context)

One coherent quality object: people + direct support service (work + result) + intended function + boundaries.



Annex B (Informative)

Relationship Between PCA1 and the Bathing Support Context Guide

B.1 Purpose

This Annex is a reader aid summarizing the relationship between PCA1 and PAB1.

It does not repeat the full Core-to-context explanation provided in Sections 1 and 2 and does not establish additional normative requirements.

B.2 Invariant Core

PCA1 establishes the invariant Core for Personal Care Aide services, including the Service Quality Object, intended function, Core Quality Factors, Core Quality Indicators, evidence logic, and Quality Claim Statement logic.

Those elements remain unchanged across all PCA Context Guides.

B.3 Purpose of the Context Guide

PAB1 interprets that invariant Core in the bathing support context.

Its context-specific contribution is to show how bathing-specific boundaries, interfaces, Quality Outcome Criteria, evidence considerations, and Critical Conditions make the invariant Core observable.

B.4 Relationship Between the Core and the Context Guide

The relationship between PCA1 and this Context Guide may be summarized as follows:

PCA1 answers:

"What is quality for the Personal Care Aide Service Quality Object?"

This Context Guide answers:

"What does that same quality look like when realized in the bathing support context?"

The Core remains invariant.

The interpretation changes according to the context of realization.

B.5 Relationship to Other PCA Context Guides

The same PCA1 Core may support Context Guides for dressing, toileting, mobility and transfer support, meal assistance, medication assistance within PCA role boundaries, household support, community participation, and other PCA service contexts.

Each Context Guide should preserve the invariant Core while developing only the context-specific interpretation needed for that service context.

B.6 Whole Quality Principle

One invariant Core Standard.

Many Context Guides.

One Service Quality Object.

Many context-specific paths of realization.

One Whole Quality methodology.

Annex C (Informative)

Summary of Context-Specific Interpretation of the Core Quality Factors

C.1 Purpose

This Annex is a quick navigation aid for readers who want to see the bathing-specific lens applied to each invariant Core Quality Factor.

The controlling interpretation remains in Sections 7 and 8. This Annex does not create additional requirements.

C.2 Interpretation of the Core Quality Factors

- Factor 1 emphasizes wet-surface hazards, water temperature, transfer risk, privacy loss, equipment concerns, and other foreseeable bathing-related harm conditions.
- Factor 2 emphasizes protection of skin, joints, body integrity, comfort, physiological stability, and observable body-related concerns during bathing support.
- Factor 3 emphasizes participation in bathing and hygiene activities according to functional ability, preferences, and changing support needs.
- Factor 4 emphasizes dignity, privacy, consent, modesty, refusal, cultural and personal preferences, and avoidance of coercive or demeaning practices.
- Factor 5 emphasizes recognition and escalation of changes that become visible during the bathing episode.
- Factor 6 emphasizes accurate care-relevant information before, during, and after bathing support.
- Factor 7 emphasizes clean and soiled separation, hygienic handling, cross-contamination prevention, and infection-related communication within role boundaries.
- Factor 8 emphasizes authorized role boundaries, appropriate judgment, assistance seeking, and avoidance of unauthorized clinical or professional practice.

C.3 Relationship to PCA1

The Quality Factors summarized in this Annex remain those established by PCA1.

Only their interpretation is context-specific.

The invariant Core Quality Factors and Core Quality Indicators continue to apply unchanged across all PCA Context Guides.

C.4 Whole Quality Principle

The same Core Quality Factors may be interpreted differently across different Personal Care Aide service contexts.

The Factors remain invariant.

The interpretation reflects the context in which the intended function is realized.

Annex D (Informative)

Illustrative Bathing Support Context Path of Realization

D.1 Purpose

This Annex provides an illustrative Context Path of Realization for the Service Quality Object in the bathing support context.

Its purpose is to assist interpretation of how the intended function may be realized within the bathing support context.

The Annex is illustrative and does not prescribe a mandatory sequence of activities.

D.2 Relationship to PCA1

PCA1 establishes the invariant Service Quality Object and the invariant Core Quality Factors and Core Quality Indicators.

This Annex illustrates one context-specific path through which realization of the intended function may occur during bathing support.

The path of realization may vary according to:

- the person's needs and preferences;
- functional abilities;
- environmental conditions;
- available resources;
- support arrangements;
- Critical Conditions; and
- other context-specific circumstances.

D.3 Illustrative Context Path of Realization

An illustrative bathing support realization path may include:

1. Preparation for bathing support.
2. Initial observation of the person and bathing environment.
3. Identification of relevant boundaries, interfaces, and Critical Conditions.
4. Preparation of equipment, supplies, and environmental conditions.
5. Communication with the person receiving support.
6. Safe assistance with transfers or positioning where applicable.
7. Realization of bathing support activities.
8. Continuous observation during realization.
9. Adaptation of support to changing conditions where appropriate.
10. Recognition and communication of significant observations.
11. Completion of bathing support.
12. Follow-up activities appropriate to the service arrangement.

The sequence shown is illustrative.

Actual realization may differ according to the declared Service Quality Object and service boundary.

D.4 Dynamic Nature of Function Realization

Function realization is dynamic.

Some conditions become visible only during realization of the bathing support service.

Accordingly, realization may require:

- modification of support;
- communication;
- reassessment;
- escalation;
- temporary interruption; or
- other appropriate actions within the Personal Care Aide role.

D.5 Relationship to Quality Determination

Quality determination evaluates realization of the intended function across the complete Context Path of Realization.

Quality is not determined by successful completion of an isolated activity.

Rather, quality is determined by considering the Service Quality Object as a whole together with:

- realization of the intended function;
- boundaries and interfaces;
- applicable Core Quality Indicators;
- Quality Outcome Criteria;
- Critical Conditions;
- evidence; and
- responsible Quality Claim Statements.

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