**Catheter Care**

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| Policy number | MM012 |
| Effective from | February 2024 |

AIM

FLINTWOOD employees may be required to support a Participant who requires catheter management (Suprapubic, Indwelling, and Intermittent). This policy is to ensure that FLINTWOOD Participants receive appropriate catheter care with consideration for their privacy, dignity, and personal safety.

Participants requiring catheter care will be involved in the assessment and development of their Catheter Management Plan (CMP) in conjunction with external, qualified health providers.

sCOPE

This policy applies to all FLINTWOOD employees.

1. DEFINITION

There are many different reasons and medical conditions why a person may not have normal bladder function and require a catheter. In medical terms, a catheter is a thin, either flexible or rigid tube made from medical grade materials, that can be inserted into the body to drain fluids.

The three types of catheters that can be managed with appropriate training are:

* Suprapubic catheters- a hollow flexible tube that is used to drain urine from the bladder. It is inserted into the bladder through a cut in the abdomen, a few inches below the navel
* Indwelling catheters- An indwelling catheter is a catheter that resides in the bladder. It may also be known as a Foley catheter. This type can be useful for short and lengthy periods of time. A nurse usually inserts an indwelling catheter into the bladder through the urethra.
* Intermittent catheters. - Intermittent catheterisation (IC) is the insertion and removal of a catheter several times a day to empty the bladder.
* Autonomic Dysreflexia is a syndrome in which there is a sudden onset of excessively high blood pressure. It is more common in people with spinal cord injuries that involve the thoracic nerves of the spine or above (T6 or above).
1. POLICY

FLINTWOOD employees will provide safe, hygienic, and competent catheter care to Participants.

1. Procedures

5.1 Assessment, Plan Development and Review

If a Participant requires catheter management, their qualified health provider will develop a Catheter Management Plan (CMP), which can be used by FLINTWOOD employees to guide support.

The Catheter Management Plan will have the following information:

* The type of catheter (type and brand name)
* Location of the catheter
* External health providers' details
* The frequency of the catheter change
* Who will be responsible for performing the change, and
* What role FLINTWOOD employees can do in assisting with catheter care.

The Catheter Management Plan must also include an Action Plan to address any incident or emergency in relation to blockage, dislodgement, by-passing, infection or Dysreflexia where applicable. The Action Plan must also identify a clear path for the escalation of any incident or emergency in a timely manner.

The Catheter Management Plan will continue to be overseen by a health professional. The regularity of plan reviews is at the discretion of the health professionals and any changes to the Participant's Catheter Management Plan will require a plan review.

5.2 Training of Support Workers

FLINTWOOD requires Participant specific training to be completed by all employees supporting Participants requiring catheter management. Training will relate specifically to the Participant's needs, type of catheter and management regime. Support workers will perform any tasks on the Catheter Management Plan, except for those that must be performed by a qualified health professional.

Training plans will be developed and delivered by an appropriately qualified health professional or a person that FLINTWOOD deems has the relevant skills for that Participant's specific care needs.

Training plans will include identifying risks and how to manage a related incident and include an emergency management plan covering incidents such as catheter blockages, partial or complete dislodgement, infections or autonomic dysreflexia.

5.3 When supporting a person with a catheter:

* Follow the Participant's Catheter Management Plan.
* Do not change the Plan.
* Immediately report to their Service Manager any incidents / changes to the Participant's catheter that may require urgent medical attention.
* Do not clamp the catheter as this increases risk of urinary tract infection
* PPE gloves must be worn at all times.

*Cleaning*

* Speak with the Participant or Resident and inform them that you are wanting to provide personal care.
* Wash, rinse and dry hands before and afterwards.
* The area around the catheter should be cleaned daily.
* Gently wash all around the area where the catheter goes in with the soapy washcloth. Females should wipe from front to back. Males should wipe from the tip of the penis downward. Rinse the washcloth with water until the soap is gone.
* Do not pull on the catheter.
* Do not use creams, powders, or sprays around the site.

*Emptying Catheter Bag*

* Wash hands, rinse and dry.
* Speak with the Participant or Resident and inform them that you are wanting to provide personal care.
* Keep the drainage bag lower than the bladder to prevent urine from backing up.
* Hold the bag over the toilet or container and open the spout.
* Do not let the bag touch the rim of the toilet or container.
* Clean the spout with alcohol wipe, cotton ball or gauze.
* Close spout tightly and thoroughly wash hands, rinse and dry again.

*No Urine*

* If there is no urine for 4 hours check for a blockage, kink in the tube. If there is no blockage, monitor closely and seek medical intervention.
* Leakage around the catheter is a problem associated with indwelling catheters. This can happen because of bladder spasms or when bowels are opened. Leakage can also be a sign that the catheter is blocked, so it is essential to check that it is draining.

*Changing the Catheter Bag*

* Speak with the Participant or Resident and inform them that you are wanting to provide personal care.
* Wash hands thoroughly and rinse and dry.
* Grip the catheter at the join between the drainage tube and the inflation tube and grip the leg bag above the connector. Rotate the catheter gently whilst pulling it away from the connector.
* Minimise splashing of urine when changing the bag.
* Take off the cap of the new bag and dispose of the old bag.
* Gently but firmly push the new bag into the catheter and do not touch the open catheter end or the connector on the new drainage bag. Wash hands again.
* Complete paperwork documenting date and time of catheter bag change, output (ml) and colour (score 1-8) using the urine chart (attached)
* Use only sterile wipes when changing the catheter bag.
* Cather bag should be changed every week.

*Early Signs of Catheter Infection*

* Burning or pain below the stomach.
* Burning during urination.
* Fever or chills.
* Blood in urine.

*Catheter Comes Out – Immediate Action*

* Flintwood employees are not permitted to insert a catheter if it falls out or is accidently pulled out.
* In the instance where the catheter is blocked or dislodged Support Worker should contact the Service Manager (or On-Call Manager if out of hours) immediately who will contact the health professional involved to check if they are available to attend. If this person is not available, then the extended Paramedic is to be called to manage the incident.
* Inform the Participant or Resident of what is happening and reassure them.
1. RESPONSIBILITIES

Employee

* Complete training relevant to the Participant's Catheter Management Plan, prior to providing care for that Participant.
* Follow the Participant's Catheter Management Plan.
* Recognise and immediately report any abnormalities or changes to the Participant's catheter.

Service Manager / General Manager

* Ensure staff who will be providing care for Participant with a Catheter Management Plan have completed the relevant, necessary training.
* Record completion of training on Participant's and employee's files.
* Liaise and coordinate with the participant's General Practitioner and other external health professionals (where required).

CEO

* Oversee General Managers are meeting the policy expectations

CHANGE HISTORY

| Version | Release / Review date | Author / Reviewer | Change details |
| --- | --- | --- | --- |
| 0.1 | September 2020 | Racheal Neal | New Policy Development |
| 0.2 | July 2022 | Racheal Neal | Review of Policy |
| 0.3 | August 2022 | Policy Committee | Reviewed and Approved |
| 0.4 | February 2024 | Andrew Sadleir | Updated |
| 0.5 | February 2024 | Policy Committee | Reviewed and Approved |