

57. HIGH INTENSITY DAILY ACTIVITIES: Urinary Catheter Support Policy and Procedure

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Purpose

The aim of this policy and procedure is to detail urinary catheter support procedures for In-dwelling Urinary Catheters (IDC), In-Out Catheters (IC) and Supra Pubic Catheters (SPC), according to established performance standards and guidelines to reduce clinical risk and ensure each participant receives appropriate urinary catheter support relevant and proportionate to their individual needs.

Scope

The procedures apply to all Australian Quality Care staff providing urinary catheter support, and meets relevant legislation, regulations and Standards as set out in *Schedule 1 Legislative References*.

Applicable NDIS Practice Standards and NDIS High Intensity Support Skills Descriptors

Outcome

Each participant with a catheter receives appropriate catheter support relevant and proportionate to their individual needs.

Indicators (NDIS Practice Standards)

- Each participant is involved in the assessment and development of the support plan for specific support needs of their catheter which includes insertion and removal of an intermittent catheter with oversight by a health practitioner. **NOTE** – insertion of indwelling and suprapubic catheters to be undertaken by a health practitioner.
- With their consent, the participant's health status is subject to regular and timely review by an appropriately qualified health practitioner. The plan identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing.
- Appropriate policies and procedures are in place including timely supervision, support, resources and equipment, and a training plan for workers, that relate to the support provided to each participant with a catheter (includes types of catheters, main components and functions e.g., catheter bags, infections and other use of catheter related issues).
- All workers have completed training, relating specifically to each participant's needs, type of catheter and high intensity support skills descriptor for catheter changing and management, delivered by an appropriately qualified health practitioner or a person that meets the high intensity support skills descriptor for urinary catheter changing and management.

Indicators (NDIS Skills Descriptors)

- All workers to maintain open communication, seek regular feedback and work closely with participants

to understand their specific needs, when and how to best deliver supports that meets with their timing, frequency and type of support required.

- All workers to deliver supports in ways that are least intrusive or restrictive and that fits into the participants daily routines and preferences and actively involves the participant in their support as outlined in their support plan to the extent they choose.
- Annual competency assessment of workers by appropriate qualified health professionals to be undertaken to ensure currency of skills and knowledge, awareness and understanding of the relevant support plan.
- Refreshers / assessments of competency by appropriately qualified health practitioners to be undertaken and successfully completed by the worker when the participants support plan changes, best practice requirements change or when the worker has not provided the required support in the last 3 months. Timeframe for refreshers and re-assessments can vary on the nature of supports and workers experience.
- Audit records to be maintained.

Definitions

In-Dwelling Catheter (IDC) - a catheter which is inserted into the bladder via the urethra to drain urine from the bladder into a drainage bag and remains in situ. The IDC has a retention balloon to prevent it from falling out or dislodging.

In / Out Catheter (IC) (also referred to as intermittent catheterisation) - brief insertion of a non-balloon urethral catheter into the bladder through the urethra to drain urine. The procedure may be once-off or at intervals.

Supra Pubic Catheter (SPC) - a hollow, flexible tube is used to drain urine from the bladder. It is inserted into the dome of the bladder through a cut in the stomach, a few inches below the navel (belly button). This procedure is done with a local anaesthetic or a light general anaesthetic.

Policy

Australian Quality Care is committed to ensuring participants requiring urinary catheter support receive safe, appropriate, and relevant IDC, IC, or SPC support, and that correct methods and equipment are used based on their individual identified needs.

Risk Analysis

Identified Risks

Listed below are common risks associated with participants who have an IDC or SPC. Individual risks must be assessed at initial assessment and included in participants' individual *Urinary Catheter Support Plans*:

- bladder cramps - this is common when a catheter is first inserted and will generally settle within a couple of days. If it does not settle, or accompanies the following symptoms, contact the Registered Nurse or health practitioner
- urinary tract infections (UTI) - signs include cloudy, bloody, or smelly urine, feeling unwell, fever, chills, or bladder, pelvic, or lower back pain
- discoloured or strong-smelling urine - this means insufficient fluid intake. participants should aim to drink at least two (2) litres of water per day or as clinically indicated and

- lack of knowledge and understanding of the importance of hand hygiene and personal hygiene in catheter support, increasing infection risk – when replacing bags, disposing of bags, and monitoring the health of participants who have an IDC or SPC in situ.

Risk Management Strategies

Strategies to reduce risks for urinary catheter support include:

- strict personal hygiene practices to be followed - hand hygiene, catheter site hygiene and strict hand hygiene when managing the catheter
- avoid disconnecting the bag other than for routine bag changes, as this will increase the risk of infection
- ensuring the participant has adequate fluid intake
- ensuring infections are identified, reported, and treated as soon as they are recognised
- emptying catheter bags frequently to prevent backflow of urine
- staff to be provided with training and education by a health professional on common risks and strategies to minimise those risks. Specific training provided in urinary catheter interventions and procedures and when to seek assistance
- if any abnormality is observed and if urgent, hospital transfer is arranged to ensure participant wellbeing
- appropriate policies, procedures, and response plans in place and readily available to support workers for participants who have a urinary catheter
- *Urinary Catheter Support Plans* written by a health professional in consultation with other relevant health professionals involved in participant's care
- staff to strictly follow expert advice and *Urinary Catheter Support Plans* to avoid hazards, risks and adverse events
- *Urinary Catheter Support Plans* to be readily accessible and available where care is provided
- regular review of *Urinary Catheter Support Plans* and when any abnormality is observed and
- support workers to be up to date with emergency First Aid training and complete ongoing training and education on urinary catheter support.

Roles and Responsibilities

Australian Quality Care requires that participants be provided with urinary catheter support that supports their health and welfare, based on their individual needs and preferences, and is delivered with care and compassion.

To achieve the above outcomes, Australian Quality Care will undertake the following actions:

1. A *Urinary Catheter Support Plan* has been developed for each participant and is overseen by a relevant health practitioner, and each participant is involved in the assessment and development of their *Urinary Catheter Support Plan*.
2. *Urinary Catheter Support Plans* are up-to-date, readily available, clear, and concise, and clearly identify and describe the support needs and preferences of participants. They also identify how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing.
3. Participants are supported to seek regular and timely reviews of their health status by an appropriately qualified health practitioner.
4. Each participant's *Urinary Catheter Support Plan* is communicated, where appropriate and with their consent, to their support network, other providers, and relevant government agencies. Copies of *Urinary Catheter Support Plans* are provided to participants, their health practitioner, and any others requested by the participant, and readily available where care is provided.

5. Staff understand the support needs outlined in the *Urinary Catheter Support Plan* such as:
 - the type of urinary catheter required
 - specific techniques to support the use of a urinary catheter
 - what risks to look for and
 - action required to respond to risks, incidents, and emergencies.
6. Staff who are deployed to provide urinary catheter support have the pre-requisite knowledge and have completed training delivered by an appropriately qualified health practitioner or person who meets the High Intensity Support Skills Descriptors for urinary catheter support.
7. Staff are provided with access to appropriate policies and procedures, timely supervision, support, equipment, and consumables required to provide urinary catheter support.
8. Policies, procedures, and plans are in place and easily accessible to staff, including a training plan for staff, that relate to the specific support provided to each participant who requires urinary catheter support.
9. A holistic approach to urinary catheter support is taken, consistent with current contemporary practice, and is aligned with the *Infection Control Policy and Procedure*.
10. Skilled, trained, and experienced staff are allocated to support participants with catheters, as support provided is high risk and complex and can be life threatening if not effectively managed.
11. Where supports are delivered by a competent worker who is not a qualified or allied health practitioner, the Registered Nurse ensures:
 - the worker is suitably trained and equipped with the skills and knowledge required for safe service delivery and maintains currency of skills and knowledge
 - competency of workers' skills and knowledge is assessed annually
 - refreshers are completed when participants' needs change, best practice requirements change, or when the worker has not provided the required support in the last three (3) months
 - supports are not provided until workers have successfully completed competency assessments and refresher training and
 - competency assessments are documented and regularly audited, with audit records and a Training and Development Register maintained.

Urinary catheter support training must include:

- basic anatomy of the male and female urinary systems
- types of catheters
- the risks and health problems associated with using catheters, including urinary tract infections and skin integrity issues
- the purpose and methods of hygiene and infection control
- catheter insertion techniques appropriate to males and females, to minimise infection risk and participant discomfort
- procedures and challenges in inserting catheters in males and females (intermittent catheters only)
- replacing and disposal of catheter bags
- requirements for catheter functioning, including positioning of bag to ensure drainage, and tube positioning
- common complications associated with using different types of catheters
- indicators and action required for common complications or problems, such as dislodged catheter tubes, changes in appearance of urine (including suspected blood in urine), or confusion
- when and how to involve or get advice from the appropriate health practitioner
- indicators and action required to respond to common health problems at the stoma site, such as wetness, or signs of infection or inflammation

- maintaining charts and records of urine output and related information and
 - reporting responsibilities, including handover, recording observations, and incident reporting.
12. In addition to the above, staff must also complete all relevant eLearning modules available on the NDIS Commission's website, keep their first aid knowledge and CPR training up-to-date, and be trained on the specific needs of each participant, including the appropriate use of equipment.
 13. All abnormalities are reported to the Registered Nurse and health practitioner.
 14. The *Urinary Catheter Support Plan* is signed by the participant, their health practitioner, and the Registered Nurse, agreeing to the Plan and providing informed consent.
 15. *Urinary Catheter Support Plans* are reviewed, evaluated, and updated regularly, and when changes occur.
 16. Referrals are facilitated by the Registered Nurse to other relevant health professionals, where required, in consultation with the participant and their health practitioner.
 17. Australian Quality Care accesses appropriate equipment for participants who require urinary catheter support and provides staff with the required training on equipment use and maintenance.
 18. The Registered Nurse or a suitably qualified contractor ensures equipment provided by Australian Quality Care is well maintained, regularly checked, serviced, and calibrated where required, to ensure reliability and accuracy.
 19. Staff communicate with participants using their preferred communication method e.g., use of devices, aides, or language resources as needed, e.g., picture cards.
 20. The Registered Nurse monitors compliance with the NDIS Practice Standards and High Intensity Support Skills Descriptors via an internal audit process and stakeholder feedback surveys, to ensure service provision is appropriate and effective.
 21. The Registered Nurse:
 - ensures all support workers undertake the necessary training
 - maintains training records and appropriate registrations and
 - monitors staff compliance.
 22. All health professionals and consulting Health Practitioners are accountable for their own practice and are aware of their own legal and professional responsibilities of work within the Code of Practice of their professional body.

Precautions/Considerations

NOTE: IDC and SPC insertion **must** be carried out by a qualified health practitioner.

Check and ensure the participant's consent and *Urinary Catheter Support Plan* are current.

Appropriately position the participant for catheter insertion or drainage.

It is recommended that the participant's genital area is washed with soap and water prior to catheterisation (IDC and IC).

If unable to insert catheter after 2 attempts (includes changing to different catheter size), seek further assistance from the Registered Nurse. A new catheter must be used for each attempt.

Testing of the catheter balloon prior to insertion may compromise the integrity of some catheters. Refer to manufacturers' instructions to check if pre-insertion testing is required.

Infection control considerations – support workers are to comply with the specific requirements for hand hygiene, aseptic non-touch technique and Personal Protective Equipment (PPE), in line with Australian Quality Care's *Infection Control Policy and Procedures*.

For SPCs, a healthy condition of the stoma site must be maintained.

Regularly check catheter functioning and take appropriate actions as required, e.g., checking bag placement and urine levels, and checking and replacing catheter bags.

Equipment Required

- Personal Protective Equipment (PPE) – gloves, eye protection, apron, gowns, etc.
- Other protective equipment commensurate with the level of protection required to maintain asepsis and to protect the worker from blood and body fluid exposure during catheter insertion.
- Participant-specific equipment required for urinary catheter support as indicated in the participant's *Urinary Catheter Support Plan*.

Procedures

As urinary catheter support is highly personal in nature and high risk, workers need to maintain communication and work closely with participants to understand their specific needs, and when and how to best deliver supports that meets the participant's preferences and daily routines.

Urinary Catheter Support Procedures

NOTE: Specific procedures for urinary catheter support are covered in Appendices (1 - 6).

1. Check and confirm the *Urinary Catheter Support Plan* and consent are current.
2. Read and understand the *Urinary Catheter Support Plan* and perform duties or procedures only within scope of practice.
3. Understand emergency escalation requirements in the event of an emergency, specific to the participant's particular circumstances.
4. Ensure the participant's privacy and dignity, as well as a safe environment, prior to commencing support.
5. Check for any specific issues, or adjustments needed, at the time of support being provided.
6. Check the required equipment is available and ready for use.
7. Communicate with participant as per their preferred communication method e.g., use of devices, aides, or language resources as needed, e.g., picture cards.
8. Discuss and ensure the participant understands any intended procedures and consent is obtained for approach before proceeding.
9. Follow strict personal hygiene, handwashing, and infection control procedures before and after catheter support procedure.

10. Don the required PPE – disposable gloves, disposal gown, and glasses as required, before undertaking procedures.
11. Maintain a strict *Fluid Balance Chart (FBC)* for each 24-hour period. Record all fluid intake and urinary output. Record time and volume of urine emptied from catheter bag on FBC.
12. Maintain hygiene around SPC stoma site.
13. Encourage fluid intake of 2 litres per day or as clinically indicated.
14. Identify and report signs and symptoms that require action e.g., UTI, discoloured strong smelling urine, no drainage from catheter, and any other abnormalities observed, to the Registered Nurse and health practitioner.
15. Collect a urine specimen for pathology if UTI is suspected.
16. Maintain participant's personal hygiene and skin integrity.
17. Undertake assessments as follows:
 - catheter site – skin condition, odour, discharge
 - drainage system – ensure all connected, secured, catheter not kinked or blocked
 - urine characteristics – colour, clarity, odour
 - type of catheter (size and brand)
 - location of the catheter (IDC or SPC)
 - frequency of catheter change and
 - person responsible for performing the change.
18. Maintain detailed records and documentation in participant's health records. Record time and outcome of action taken in the participants health and progress notes.
19. Keep the *Urinary Catheter Support Plan* updated and current. The Plan is to be reviewed on a routine basis (every 3 months) or more frequently as needs change.
20. Stoma Care
 - inspect SPC stoma site for signs of swelling, redness, or skin breakdown daily
 - keep stoma site clean and dry and
 - report any signs of infection, inflammation or leaking around the urinary catheter site to health practitioner.
21. Should an incident occur, respond as per the participant's *Urinary Catheter Support Plan*, and per Australian Quality Care's *participant Incident Management Policy and Procedure*. Following the incident, ensure the participant's *Urinary Catheter Support Plan* is reviewed and updated, and information communicated to all staff involved in their urinary catheter support.
22. Actively involve the participant to the extent they choose, check any changes to urinary catheter support they are receiving, and any other areas where the *Urinary Catheter Support Plan* is not meeting participant needs.
23. Encourage feedback from the participant and request changes from attending health professionals to the *Urinary Catheter Support Plan* as required.
24. Identify, document, and report information where *Urinary Catheter Support Plans* are not meeting participants' needs.
25. Undertake on-going training and education and maintain up to date First Aid knowledge (especially relating to techniques for urinary catheter support) and participate in regular competency assessments

to ensure practices are safe and up to date with current best-practice guidelines for supporting participants with urinary catheter support.

No Drainage from Catheter – Troubleshooting

Check:

- if tubing is bent or kinked
- if the drainage bag is below the bladder level
- if there is sediment in the tube blocking the catheter – try moving it around as this may dislodge the blockage
- fluid intake

If no urine is passed in four (4) hours, contact the Registered Nurse or health practitioner.

If there is persistent leaking around the catheter, or if the catheter falls out, contact the Registered Nurse for replacement catheter, and transfer the participant to the nearest hospital.

Supporting documents

Procedural guidelines for urinary catheters are covered in the following documents for support workers and can be used for participants' reference where urinary catheters are in use.

Documents relevant to this policy and procedure include:

- *Management of Medication Policy and Procedure*
- *Infection Prevention and Control Policy and Procedure*
- *Management of Waste Policy and Procedure*
- *Reportable Incident, Accident and Emergency Policy and Procedure*
- *Complaints and Feedback Policy and Procedure*
- *Appendix 1 – IDC and SPC Bag Management*
- *Appendix 2 – When to Seek Medical Assistance with the SPC/IDS*
- *Appendix 3 – Indwelling Catheter*
- *Appendix 4 – Bathing/Showering*
- *Appendix 5 – Suprapubic Catheter*
- *Appendix 6 – Male / Female Catheterisation*
- *Urinary Catheter Support Plans*
- *Fluid Balance Chart (FBC)*
- *Service Agreements*
- *Staff Training Plans*
- *Staff Training and Development Register*
- *Staff Performance Reviews*
- *Urinary Catheter Support Competency Assessment*
- *Incident Forms*
- *Continuous Improvement Plan*

References

- *Australian Medicines Handbook*, Australian Medicines Handbook Pty Ltd, last modified July 2022
- *Adult Case Settings*, NATFRAME The National Framework for Documenting Care in Residential Aged Care Facilities, Australian Government Department of Health and Ageing, 2005
- *Insertion and Management of Urethral Catheters for Adult Patients*, Clinical Excellence Commission, NSW Health, 31 August 2021
- *Caring for Your Patient's Suprapubic Catheter*, Rushing, J., in *Nursing*: July 2006 - Volume 36 -

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- *Urine Drainage Bags*, Medline Plus, reviewed 1 October 2021, retrieved from <https://medlineplus.gov/ency/patientinstructions/000142.htm> 27 October 2022
- *NDIS Practice Standards: Quality Indicators: High Intensity Support Skills Descriptors December 2022*, NDIS Quality and Safeguards Commission, December 2022

Monitoring and review

This Policy and Procedure will be reviewed by the Board annually, or sooner if changes in legislation occur or new best practice evidence becomes available. Reviews will incorporate staff, participant, and other stakeholder feedback, and identified continuous improvement as relevant.

Review of procedures will assess if the implementation is efficient, effective, and able to be actioned.

Australian Quality Care's *Continuous Improvement Plan* will be used to record improvements identified and monitor the progress of their implementation. Where relevant, this information will be considered as part of Australian Quality Care's future service planning and delivery processes.

Document Control

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