48. HIGH INTENSITY DAILY ACTIVITIES: Complex Bowel Care Policy and Procedure

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Purpose

The aim of this policy and procedure is to detail complex bowel care procedures, according to established performance standards and guidelines, to reduce risks and ensure participants requiring complex bowel care receive appropriate support that is relevant and proportionate to their individual needs.

Bowel care, although a routine part of personal care, requires a specialist level of intervention where a participant is at risk of severe constipation or faecal incontinence. It also requires a support plan to manage the risk, as in the case of spinal injury, some Acquired Brain Injuries, lack of Gross Motor Function (classification system level 3, 4 and 5), some neurological conditions (e.g., stroke, and autism) and where support involves non-routine treatment pro-re-nata (PRN).

Scope

The procedures in this document apply to all Australian Quality Care staff providing complex bowel care, 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 requiring complex bowel care receives appropriate support relevant (proportionate) to their individual needs.

Indicators (NDIS Practice Standards)

- Each participant is involved in the assessment and development of the Support Plan for their specific complex bowel care management. 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 equipment and resources and a training plan for workers, that relate to the support provided to each participant receiving complex bowel care.
- All workers working with a participant requiring complex bowel care have the pre-requisite skills and knowledge and have received training, relating specifically to each participant's needs, type of complex bowel care and high intensity support skills descriptor for providing complex bowel care, delivered by an appropriately qualified health practitioner or person that meets the high intensity support skills descriptor for complex bowel care.

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

Autonomous Dysreflexia - a distinct type of medical emergency that must be recognised immediately, seen in people with spinal cord injuries at or above T6 level. Symptoms include bradycardia, vasodilation, flushing, pupillary constriction, and pale and cool skin. Immediate emergency care or hospital transfer is required if dysreflexia occurs.

Bowel Care - a routine part of personal care and is defined as assisting the participant to evacuate the bowel at specific intervals, or a program designed to help the participant having difficulty with the regulation and control of defecation.

Bowel Infection - infection or irritation of the digestive tract, particularly the stomach and intestine. Symptoms include nausea, vomiting, diarrhoea, and abdominal cramps. Complications include dehydration in vulnerable adults and children. It is not life threatening and typically lasts for 3 days for recovery.

Bowel Perforation - when a hole in the wall of the intestine (small or large intestine) occurs and can be serious and potentially fatal. The risk of perforation is low and usually a complication of Inflammatory Bowel Disease (IBD). It may also occur when long standing bowel inflammation causes the wall of the intestine to weaken and become more susceptible to developing a hole or tear. Symptoms include severe abdominal pain, fever, chills, nausea, heavy rectal bleeding, and vomiting. This condition is serious, can be potentially fatal, and requires immediate emergency surgical treatment.

Complex Bowel Care - where a specialist level of support is needed where the participant is at risk of severe constipation or faecal incontinence, for example CP GMFCSI levels 3, 4, 5 spinal injuries, and some Acquired Brain Injuries where the bowel care plan involves non-routine treatment such as use of non-routine PRNs.

Diarrhoea - loose, watery stools. Acute diarrhoea is a common problem that presents as a sudden onset, lasts less than 2 weeks, and usually resolves on its own without special treatment.

DRE – Digital Rectal Examination

DRS – Digital Rectal Stimulation

DRF – Digital Removal of Faeces

Faecal Impaction or Bowel Impaction (also called loading) - when the rectum, and often the lower colon, is full of hard or soft stool, and the participant is unable to evacuate the bowel unaided. This can result in impaction, with overflow ‘spurious diarrhoea’, which is common in the frail elderly population and may be misdiagnosed as diarrhoea and therefore treated incorrectly.

Faecal Incontinence - usually indicative of a high level of constipation, where liquid stool from higher up in the bowel can't move along and eventually the pressure builds up and it leaks around the sides of the impacted faeces. This type of diarrhoea is also referred to as overflow or bypass diarrhoea. It is uncontrolled and can occur at socially inappropriate times and places.

Policy

Australian Quality Care is committed to ensuring participants requiring complex bowel care receive safe, appropriate, and relevant support proportionate to their individual needs.

Risk Analysis

Identified Risks

Risks associated with complex bowel care include:

- autonomic dysreflexia
- constipation and faecal incontinence
- reflux, vomiting, stomach pains, and changes in bowel habits
- perianal skin irritation
- not informing health professional in a timely manner, in response to poor bowel function or related problems
- lack of knowledge and understanding of the importance of regular bowel care and stool characteristics indicating healthy bowel functioning and
- lack of sufficient knowledge and skill in undertaking complex bowel care interventions.

Risks associated with complex bowel care for participants with a stoma include:

- infection or inflammation of stoma site and
- inaccurate replacement of colostomy or ileostomy bags.

Bowel Care Emergencies/Complications

It is important to be aware of the following bowel care emergencies and complications and to act quickly to reduce further complications.

Bowel obstruction can be associated with:

- no bowel activity or lots of painful activity to try to bypass a mechanical obstruction
- abdominal pain and distension
- vomiting and
- possible dehydration.

It is a serious condition that requires immediate medical attention. Main causes are colon cancer, adhesions, scarring from infection.

Strangulated hernia occurs when the blood supply to the bowel is cut off. It may lead to ischemia, necrosis, and gangrene. Main symptoms are nausea, vomiting, and severe pain.

Diarrhoea has many causes (for example, colitis, small bowel disease, pancreatic, endocrine, infection, antibiotic therapy, drug, and diet induced) and may lead to dehydration and electrolyte imbalance (Steele, 2007).

Long standing or sporadic diarrhoea that has been fully investigated and cannot be rectified may be managed with anti-motility medication given under medical or specialist supervision. participants with mental capacity may also find anal plugs helpful in managing their symptoms.

Undiagnosed rectal bleeding can have several causes, including haemorrhoids, anal fissure, proctitis, diverticular disease, colitis, polyps, ulceration, or a life-threatening malignancy. The type of blood (fresh or dark) and where seen (on the toilet paper, on wiping, or on the faeces) needs to be ascertained.

Recent changes in bowel habits, unintentional weight loss, rectal bleeding, anaemia, increased mucus, and wind not associated with any lifestyle changes may be due to malignancy, inflammation, or ischemia (Steele, 2007). An individual with any of these symptoms should inform their GP.

Faecal impaction is a complication of constipation, and if not treated can cause an obstruction of the bowel. It is not well defined, but "copious formed stool in the colon (not just the rectum) which is not progressing through the colon, or which cannot be expelled from the rectum are salient symptoms" (Coggrave and Emmanuel, 2010). Impaction may be accompanied by "overflow" diarrhoea, where looser stool leaks round an unmoving faecal mass.
Symptoms associated with faecal impaction are incontinence, rectal discomfort, loss of appetite, nausea, vomiting, abdominal pain and distension, urinary frequency, and urinary overflow incontinence.

Risk Management Strategies

Strategies to reduce risks for complex bowel care include:

- staff to be suitably trained by a health professional on the importance of regular bowel care, observing bowel motions daily, stool characteristics, healthy bowel function, and how to recognise complications and actions to be taken in managing participants with complex bowel care needs
- use of reference guides such as the Bristol Stool Chart to observe and record bowel motions, and identify any changes that require action
- appropriate application and disposal of stoma bags
- supporting participants to clean and maintain the health condition of stoma sites
- wearing gloves and following strict hygiene and infection control procedures
- recording information on the *Complex Bowel Care Support Plan*, e.g., outputs, hydration, and appearance of stoma
- timely reporting to health professionals of blockages or deteriorating health conditions, including emergency escalation
- *Complex Bowel Care Support Plans* to be written by a health professional in consultation with other relevant health professionals involved in the participant's care
- staff to strictly follow expert advice and *Complex Bowel Care Support Plans* to avoid hazards, risks, and adverse events, and take action if emergencies occur
- *Complex Bowel Care Support Plans* in place and readily accessible and available to staff where complex bowel care is provided
- regular review of *Complex Bowel Care Support Plans* and when any abnormality is observed, including regular medication reviews as required and
- support workers to be up to date with emergency First Aid knowledge.

Roles and Responsibilities

Australian Quality Care ensures that participants are provided with complex bowel care 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 *Complex Bowel Care Support Plan* been developed and is overseen by a relevant health practitioner, and each participant is involved in the assessment and development of their support plan. Plans include how risks incidents, and emergencies will be managed for constipation, autonomic dysreflexia, rectal bleeding, perforation, etc., and when to refer to the Registered Nurse or a Health Practitioner (e.g., for infection, impaction, overflow, and changes in bowel habits).

2. *Complex Bowel Care Support Plans* are up-to-date, readily available, clear, and concise, and clearly identify and describe the support needs and preferences of participants.

3. Participants are supported to seek regular and timely reviews of their health status and *Complex Bowel Care Support Plan* by an appropriately qualified health practitioner.

4. Each participant's *Complex Bowel Care Support Plan* is communicated, where appropriate and with their consent, to their support network, other providers, and relevant government agencies.

5. Workers understand the support needs outlined in *Enteral Feeding Support Plans* such as:
    - normal stool appearance
    - specific bowel support requirements
    - what risks to look for and
    - action required to respond to risks, incidents, and emergencies.

6. Policies, procedures, and plans are in place and easily accessible to workers, including a training plan for workers that relates to the specific needs of each participant receiving complex bowel care.

7. Skilled, trained, and experienced workers are allocated to manage participants with complex bowel care needs, as support provided is high risk and complex, and can be life threatening if not effectively managed.

8. 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.

9. The *Complex Bowel Care Plan* is signed by the health practitioner and participant, agreeing and confirming the need and consent for support.

10. Support Workers who are deployed to care for participants with complex bowel care needs have completed training and education delivered by an appropriately qualified health professional, and receive regular supervision, support, equipment, and consumables required to provide the supports.

    <u>Complex Bowel Care training is to include:</u>
    - basic anatomy of the digestive system
    - the relationship between nutrition, hydration, dietary fibre, probiotics, bowel motions, and stoma management
    - common causes of bowel care problems, such as constipation and faecal incontinence
    - the purpose and methods of hygiene and infection control
    - principles for infection control and hygiene, for example, hand washing, gloves, and minimising the risk of infection in the environment
    - symptoms of bowel-related conditions associated with particular types of disability
    - common types of bowel care support, such as use of laxatives, enemas, suppositories, and abdominal massage
    - importance of regular bowel care and understanding of stool characteristics (per the Bristol Stool Chart), indicating healthy bowel functioning and related signs and symptoms
    - understanding of intervention options and techniques including administering enemas and suppositories, digital stimulation, massage, etc., and related guidelines and procedures, as well as nutrition and hydration requirements
    - administering non-routine PRN medications, as required
    - requirements for handling, storing, and administering bowel care-related medication
    - signs and symptoms of common problems, and action required, for example, reflux, vomiting, stomach pain, and changes in bowel habits
    - signs and symptoms of, and action required in case of, autonomic dysreflexia
    - when and how to involve or get advice from the appropriate health practitioner

- common methods to clean and protect skin around the stoma
- characteristics of a healthy stoma and how these can change over time
- indicators and action required to respond to common health problems at the stoma site, such as wetness, or signs of infection or inflammation
- recognising the intensely personal nature of this type of support and ensuring participants consent to the approach
- the purpose of ileostomy and colostomy stomas and related equipment, and consumables such as stoma bags, skin sealants, barriers, or powders and
- reporting responsibilities, including handover, recording observations, and incident reporting.

11. In addition to the above, workers 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, the type of complex bowel care required and appropriate use of equipment.

12. Australian Quality Care accesses appropriate equipment for participants who require complex bowel care support and provides staff with the required training on equipment use and maintenance.

13. Workers communicate with participants using their preferred communication method e.g., use of devices, aides, or language resources as needed, e.g., picture cards.

14. Referrals are facilitated as required by the Registered Nurse to other health providers, in collaboration and with consent from the participant.

15. The Registered Nurse monitors compliance with the NDIS Practice Standards and High Intensity Support Skills Descriptors through internal audits and stakeholder feedback, to ensure service provision is appropriate and effective.

16. The Registered Nurse:
    - ensures all support workers undertake the necessary training
    - maintains training records and appropriate registrations and
    - monitors staff compliance.

17. *Complex Bowel Care Support Plans* are to be reviewed by a suitably qualified Health Practitioner, evaluated, and updated regularly as changes occur to bowel care needs, to ensure appropriate complex bowel care is provided.

18. All health professionals and consulting Health Practitioners are accountable for their own practice and are aware of their own legal and professional responsibilities within the Code of Practice of their professional body.

Precautions/Considerations

Check and ensure the participant's *Complex Bowel Care Support Plan* is correct and current and that they have received information relating to any intended procedure and given appropriate consent.

Ensure the participant has a baseline bowel assessment undertaken.

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 Prevention and Control Policy and Procedures*.

Equipment Required

- Specific equipment required for bowel care as indicated in the participant's *Complex Bowel Care Support Plan.*

- Equipment appropriate for the age and size of the participant. Staff must follow manufacturers operating instructions.

- Other equipment and consumables as per individual participant complex bowel support needs.

Procedures

As Complex Bowel Care is highly personal in nature and high risk, staff need to maintain communication and work closely with participants to understand their specific needs, and when and how to best deliver supports that meet the participant's preferences and daily routines.

Complex Bowel Care Procedures

NOTE: Specific procedures for Complex Bowel Care are covered in Appendices (1 - 8).

All workers involved in complex bowel care must:

- be aware of the risks involved for each participant, strategies to prevent risks, and interventions to implement if they occur
- liaise with or report to the Registered Nurse when a participant's bowel habits change, or difficulties are observed
- keep the *Complex Bowel Care Support Plan* updated, ensuring any identified risks are recorded and communicated as soon as they occur and
- undertake ongoing training and education to keep abreast of best practice guidelines for supporting participants with complex bowel care.

1. Check participant consent for complex bowel care support and *Complex Bowel Care Support Plan* are current.

2. Read and understand the *Complex Bowel Care Support Plan*, and check participant-specific requirements.

3. Ensure the participant's privacy and dignity, as well as a safe environment, prior to commencing support.

1. Communicate with participant as per their preferred communication method e.g., use of devices, aides, or language resources as needed, e.g., picture cards.

4. Discuss and ensure the participant understands any intended procedures for bowel care, and obtain consent for approach before proceeding.

5. Follow strict personal hygiene, handwashing, and infection control procedures before and after bowel care is provided.

6. Encourage regular exercise and toileting as appropriate to minimise physical or medical interventions where possible.

7. Identify and record participant's normal stool appearance on the *Bowel Chart* according to the *Bristol Stool Chart* faeces classification.

8. Observe and record daily bowel habits, stool appearance (as per the *Bristol Stool Chart*) and any changes in bowel habits on the participant's *Bowel Chart*.

9. Undertake prescribed actions where required for bowel stimulation and movement, including gentle massage of abdomen, administering a laxative, enema, or suppositories, digital stimulation, and administration of non-routine PRN medications.

10. Record time and outcome of action taken in the participant's health and progress notes.

11. Observe for any signs and symptoms of loss of appetite or dehydration and report to the Registered Nurse and relevant health practitioner.

12. Observe and action any other related conditions including autonomic dysreflexia (see below) which can be common in people with spinal cord injuries above the T6 level, due to overstimulation of the nervous system because of bowel impaction. Immediate treatment includes to sit up the participant or raise their head to 90 degrees and lower legs where possible, loosen or remove anything tight (e.g., clothing), and check blood pressure. If symptoms are observed such as low blood pressure, slowed heart rate, difficulty breathing, fuzzy vision, muscle spasticity, cold clammy skin, or anxiety that doesn't subside, arrange transfer to hospital and inform the [Position Title] and relevant health practitioner.

13. If there are signs of overflow, impaction, perforation, or infection observed, refer to the Registered Nurse and relevant health practitioner.

14. Maintain the participant's personal hygiene and skin integrity at all times, especially with faecal overflow, diarrhoea, or perforation.

15. Should an incident occur, respond as per the participant's *Complex Bowel Care Support Plan*, and per Australian Quality Care's *Reportable Incident, Accident and Emergency Policy and Procedure*. Following the incident, ensure the participant's *Complex Bowel Care Support Plan* is reviewed and updated, and information communicated to all workers involved in their care.

16. Maintain detailed documentation in the participant's health records.

17. Keep the participant's *Complex Bowel Care Support Plan* updated.

18. Stoma Care
    - follow personal hygiene and infection control requirements
    - replace and dispose of bags appropriately
    - maintain charts and records
    - monitor skin condition and keep stoma area clean
    - to clean:
        - use warm water, mild soap, and a washcloth.
        - rinse well because the residue may keep the skin barrier from sticking and may also cause skin irritation
        - remove the paste before wetting the area. Use adhesive remover if required
        - always dry the skin well before putting on the new pouching system
        - do not rub too hard as the stoma has no nerve endings
        - do not use alcohol or any other harsh chemicals to clean the skin or stoma
        - do not use moistened wipes, baby wipes, or towelettes that contain lanolin or other oils. These can interfere with the skin barrier sticking and may irritate the skin
        - do not apply powders or creams to the skin around the stoma because they can keep the skin barrier from sticking and
        - only use a gentle spray of water on the stoma and
    - observe and report any abnormal changes, infection, or inflammation to the relevant health practitioner.

19. Actively involve the participant in complex bowel care support to the extent they choose, check any changes to support they are receiving and any other areas where the *Complex Bowel Care Support Plan* is not meeting participant needs.

20. Encourage feedback from the participant and request changes from attending health professionals to their *Complex Bowel Care Support Plan* as required.

21. Identify, document, and report information where *Complex Bowel Care Support Plans* are not meeting participants' needs.

22. Undertake on-going training and education, maintain up to date First Aid knowledge, and participate

in regular competency assessments to ensure practices are safe and up to date with current best-practice guidelines for supporting participants with complex bowel care.

Autonomic Dysreflexia (AD)

Signs and Symptoms of AD include:

- hypertension (a fast increase in blood pressure, 20-44mm Hg systolic higher than usual)
- bradycardia (slow heart rate) or tachycardia (fast heart rate)
- pounding headache
- apprehension / anxiety / uneasy feeling
- cold, clammy, flushed skin / sweating / goosebumps
- fuzzy vision / changes in vision and
- muscle spasticity / tingling sensation

Note: If symptoms do not subside with treatment steps listed below, ring 000 and transfer to hospital. Notify health practitioner and family, as required.

Immediate Treatment Steps

1. Change body position - sit person bolt upright. Torso and hips should be at a 90-degree angle. Lower the legs, where possible. The sudden change from laying to sitting takes advantage of orthostatic hypotension, causing the blood pressure to drop.

2. Loosen or remove anything constrictive, tight, or restrictive, e.g., clothes, belts etc., including area around the genitalia, while getting the person into a sitting position.

3. Check and record blood pressure every 2 to 3 minutes, until it returns to the person's normal level.

4. Look for the cause of the AD episode, checking the 3 most common triggers:

    - urine flow - empty bladder or catharise bladder to empty, if necessary (if there is no or little urine output). If there is an indwelling catheter, check for kinks and blockages and ensure the urinary bag is not full (empty if full or change bag).
    - bowel blockage – dis-impact the bowel if stool is present, after inserting anesthetic jelly or ointment. Do this GENTLY, if the bowel is impacted and distended. Digital stimulation if done too roughly or without lubricant can trigger an AD episode.

    - skin - remove wrinkles, constrictions, or tight clothes.

5. If you know of triggers for AD episodes for the person, correction of the usual trigger is a good start if you are aware of it. If the AD episode does not resolve with interventions, continue to look for and remove other triggers.

6. If there is medication prescribed for AD, administer it. Medication can consist of an anti-hypertensive, with rapid onset and short duration.

7. Continue to monitor blood pressure for at least 2 hours. The blood pressure should continue to lower and correct itself.

8. If the trigger or multiple triggers are found and removed or corrected, and the blood pressure continues to remain elevated, call 000. Medical attention is needed immediately to prevent a cardiovascular event such as stroke, cardiac arrest, seizures, pulmonary oedema, or death.

9. Note:

    - If the episodes of AD are easily corrected with treatments that are appropriate for the person's particular AD triggers, monitoring and careful consideration of avoiding identified triggers may

be necessary and documented in their *Complex Bowel Care Support Plan*.

- In severe cases of AD, medications for AD can be prescribed to reduce the trigger, thereby reducing, or eliminating AD episodes.

- All health care providers and workers providing care must be advised if a person has AD, in case it arises. AD triggers, signs, symptoms, and corrective treatments must be documented in the person's *Complex Bowel Care Support Plan* to avoid an episode of AD and ensure the person's safety.

Preventive Measures for AD

Preventative measures for AD include:

- loose fitting and non-restrictive clothing assists in ease of care provision and minimises AD triggers
- monitor blood pressure daily to assess for AD. If changes are noted, immediately notify the attending health practitioner for further evaluation and direction of care
- monitor input, output, and bowel movement daily for effective continence management and to assess for AD that might result from urine retention or bladder over-distension, constipation, or faecal impaction
- undertake daily skin integrity checks for pressure injury, ingrown toenails, sitting on a wrinkled sheet, cuts, bruises, etc., and eliminate these AD triggers
- bowel Management - administer enemas or suppositories where prescribed to empty the bowel and maintain effective bowel evacuation

- consider a gentle approach to digital stimulation with lubricant, to evacuate the bowel
- consider alterations to the diet, for stool consistency
- identify, report, and treat haemorrhoids or other anal infections that could be AD triggers
- treat any gas, flatulence, or bloating with gentle abdominal massage to relieve pressure, as it could potentially be an AD trigger
- have the health practitioner review medications regularly, to improve bladder and bowel management
- use medications for hypertension as prescribed, where indicated by the health practitioner and
- improve management of any urinary catheters.

Supporting documents

Procedural guidelines for complex bowel care management are covered in the following documents for support workers and can be used for participants' reference where complex bowel care is provided.

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 – Bristol Stool Chart*
- *Appendix 2 – Constipation (Assignment and Management)*
- *Appendix 3 – Diarrhoea (Types / Risk Factors, Medications that may Cause Diarrhoea, Assessment and Management)*
- *Appendix 4 – Faecal Incontinence (Causes, Risk Factors, Assessment and Management)*
- *Appendix 5 – Administering Enemas (Purpose, Equipment Required, Procedures including participant Considerations)*
- *Appendix 6 – Administering Suppositories (Purpose, Equipment Required, Procedures including participant Considerations)*
- *Appendix 7 – Digital Rectal Stimulation in Adults (Purpose, Equipment Required, Procedures including participant Considerations)*

- *Appendix 8 – Management of Stomas*
- *Complex Bowel Care Support Plan*
- *Bowel Care Chart*
- *Service Agreements*
- *Staff Training Plans*
- *Staff Training and Development Register*
- *Staff Performance Reviews*
- *Complex Bowel Care Competency Assessment*
- *Incident Forms*
- *Continuous Improvement Plan*

References

- *Australian Medicines Handbook*, Australian Medicines Handbook Pty Ltd, last modified July 2022
- *Adult Bowel Care Guidelines*, NHS Southern Health NHS Foundation Trust, July 2017
- Complex Bowel Conditions and Care: NDIS High Intensity Daily Personal Activities, AUSMED CPD Article
- *NDIS Practice Standards: High Intensity Support Skills Descriptors – Guidance for NDIS Providers and Auditors,* NDIS Quality and Safeguards Commission, November 2022

Monitoring and review

This Policy and Procedure will be reviewed by Australian Quality Care's Governing Body 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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