

## 53. HIGH INTENSITY DAILY ACTIVITIES: Stoma Care Policy and Procedure

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### Purpose

The aim of this procedure is to detail the various stoma care management procedures according to established Standards and current evidence-based best practice guidelines. It also outlines the procedures to be followed and equipment to be used to limit risks both to the participant and support workers, and takes into consideration the participant's privacy, dignity and personal safety.

The various types of stoma include – colostomy (large bowel), ileostomy (small bowel), urostomy (urine), tracheostomy (ventilation) and gastrostomy (PEG tube).

### Scope

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

Support workers who are skilled, experienced and suitably trained by qualified health professionals are able to undertake the role of stoma care as part of their support worker role. All staff are to work within their scope of practice appropriate to their level of training and responsibility.

### Definitions

A **Stoma or Ostomy** is a surgical procedure that creates an opening in the abdominal wall to discharge bowel or bladder waste.

The purpose is to allow stool or urine to bypass the diseased or damaged portion of the intestine or bladder. There are no sphincter muscles around an ostomy, therefore there is no voluntary control over bowel movements or passing of gas (wind).

**Tracheostomy Stoma** is a surgical opening between 2 - 3 (or 3 - 4) tracheal rings into the trachea below the larynx. A tracheostomy tube is inserted into the trachea to relieve airway obstruction, facilitate mechanical ventilation or for the removal of tracheal secretions.

Stomas may be temporary or permanent.

**Colostomy** is a surgical procedure that creates an opening for the colon, or large intestine through the abdomen to correct problems associated with the lower digestive tract. The opening is formed by drawing the healthy end of the colon, through an incision in the anterior abdominal wall and suturing it into place. This new opening is where stool will be eliminated and not through your anus. A colostomy can be permanent or temporary, dependent on medical diagnosis and needs. Constipation can be a common

complication.

**Ileostomy** is a diversion of the bottom of the small intestine, exiting through the abdominal wall. Stool from the small intestine is liquid in nature, contains digestive enzymes and can irritate and excoriate the surrounding skin. This is why it is important to have little or no skin showing around the stoma when you apply the skin barrier. Dehydration and electrolyte imbalances can be associated complications.

**Urostomy** is a where a portion of the ileum is taken and connected to the ureter to bypass the bladder and create a urinary diversion of the tubes that carry urine out of the bladder. This is also known as ileal conduit.

## Policy

Australian Quality Care is committed to ensuring participants who require stoma care and management receive safe, appropriate and individualised support, correct methods and equipment are used, that is relevant and proportionate to each participant's identified stoma care needs.

## Risk Analysis

### Identified Risks

Support worker not reporting in a timely manner to the Registered Nurse and/or attending medical practitioner or documenting sufficiently complications and related signs and symptoms of the stoma as follows:

- excoriation to the stoma site due to leakage of urine or faeces
- abnormal skin around stoma, bleeding, bad smell coming from the stoma
- blood in the stool, stools looser than normal and no gas (wind) or stool passed for 4 hours
- participant experiencing nausea, pain or bloating of the abdomen, fevers or chills

Skin creases or skin dips when applying the appliance flange as this can impair the adhesion of the flange onto the skin.

participant gaining or losing weight as this can change the skin texture around the stoma and increase the risk of leakage.

Parastomal hernia or bulge around the stoma, which can thin and stretch the skin around the stoma.

Stoma Fistula - small hole developing next to the stoma.

### Risk Management Strategies

Strategies to reduce risks include:

Staff Training Plans and participant's *Stoma Management Support Plan* must include:

- how risks will be identified, responded to and escalated.
- common risks and strategies how to minimise those risks.
- participant individual risks and how they are to be managed
- reporting requirements - internal to the Registered Nurse and within the participant's multi-disciplinary team.
- stoma documentation requirements
- incident management specific to the participant

Skin assessment around the stoma, any precipitating issues, treatments applied and results to be documented in participant records.

Ensure the aperture of the flange is the correct size and fit for the stoma. Re-size aperture, as needed.

Stoma assessment to be undertaken by health professional competent in stoma management.

## Roles and Responsibilities

Australian Quality Care requires that participants are provided with stoma care that supports the health and welfare of its participants, based on their individual needs and preferences.

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

- The Registered Nurse will undertake assessment and development of a *Stoma Management Support Plan* in consultation with appropriate clinicians and in collaboration with the participant and/or representative. External services where required to be utilised to assess and plan for effective stoma care support for the participant.
- *Stoma Management Support Plan* to be reviewed on a routine basis (3 monthly) or more frequently if needs change.
- With participant's consent, the participant's health status is subject to regular review by an appropriately qualified health practitioner. The Plan identifies individual participant risks and strategies to manage them, incidents and emergencies including required actions for escalation for participant well-being.
- Appropriate Policies and Procedures are in place including a training plan on clinical skill requirements for support workers providing stoma care.
- Australian Quality Care will ensure support staff who will be deployed to provide stoma care are knowledgeable and have completed the following training delivered by an appropriately qualified health practitioner:
  - Basic anatomical knowledge of the Eliminary System (Bladder and Bowel) and Respiratory System (Airway-relating to Tracheostomy)
  - Personal Hygiene and Infection Control Procedures
  - Australian Quality Care Infection Prevention and Control Procedures
  - Skin and stoma care (monitoring skin condition and keeping stoma clean)
  - Procedures for safe positioning and monitoring
  - Recognize and respond or report problems of indicators of complications such as blockages, bleeding, deteriorating health or infections to appropriate health professional
  - The role of the RN / health professional
  - Understanding when to involve a Health Practitioner
  - Common risks associated with Stoma Management and strategies to minimize risks
  - Replace and Dispose of Stoma Bag, as required
  - Maintain charts / records
  - Equipment and related functions
  - Common risks and indicators of equipment malfunction and understanding of when to involve a health practitioner
  - Incident management relating to the delivery of stoma care support

- Specific training to be provided by a qualified health professional will relate to:
  - Individual participant needs - type of stoma, stoma maintenance, specific support requirements of the participant, operating instructions of equipment
  - Cleaning and maintenance of the equipment, where needed
  - Incident management relating to stoma management
- Ongoing training support including competency monitoring by the Registered Nurse, followed up with the support worker on a regular basis.
- Manual handling training will be provided for support workers when working with participants who have complex disabilities, who may need positioning and turning to safely maintain stoma care.
- Referrals will be facilitated to external services as requested in consultation and consent from the participant and health practitioner.
- The *Stoma Management Support Plan* to be signed by both the Registered Nurse and participant agreeing to the Plan and providing informed consent. A copy of the signed plan is to be provided to the participant / representative, health professional, health practitioner, external services, support workers and other stakeholders the participant wishes to involve. A copy of the plan is to be also readily available where stoma care is being provided.
- Australian Quality Care will source and provide the required equipment for effective stoma care.
- Support workers will be provided with training on operating instructions for any equipment used. Training will include how to follow operating instructions, common risks and indicators of malfunction and when to involve a health practitioner, including care and maintenance of equipment.
- Equipment provided by Australian Quality Care will be well maintained, regularly checked and serviced to ensure reliability.
- Risk identification and required actions to be taken for emergencies and escalation e.g., emergency first aid and/or hospital transfer to ensure the participant's well-being is documented on the *Stoma Management Support Plan*, with the participant's consent.
- Interpreter services / language aides will be engaged as needed to facilitate communication with the participant.
- All training provided is recorded and maintained on Australian Quality Care's *Staff Training Register*.
- The Registered Nurse will monitor compliance with the relevant Standards through internal audits and stakeholder feedback, to gauge the quality of support being provided and to ensure an effective and appropriate service to participants that meets their needs.
- The Registered Nurse is responsible for ensuring all staff undertake the necessary training, maintain training records and monitors staff compliance.

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

## Precautions/Considerations

Consult with the participant when a problem has been identified with the stoma - what was different recently and what they think the problem might be.

Completion of a baseline assessment of participant bowel / bladder requirements including relevant medical history.

Ensure the support worker providing stoma care is sufficiently skilled, competent and experienced to manage the participant's stoma requirements safely.

Constipation - may be due to inadequate food intake, poor diet, lack of exercise. Promote healthy diet, adequate fluids and exercise. Consider oral laxatives use with medical practitioner.

Blocked ileostomy - due to food not chewed adequately blocking the bowel lumen and preventing the passage down the ileostomy appliance. Advise the participant to chew food thoroughly before swallowing. If abdominal distention is noted and the participant is feeling unwell, call for an ambulance.

Urinary Tract Infection for participants with a urostomy - urine has an offensive odour, dark, concentrated. Report to Registered Nurse and/or attending medical practitioner for testing and treatment.

Promote healthy diet and oral fluid intake.

## Equipment Required

The pouching system or appliance has two parts - a faceplate that attaches to the abdominal skin using adhesive, and a pouch to collect the waste (stool or urine). The pouch is odour proof and should be emptied and/or replaced when it is 1/3 to 1/2 full.

### Types of Pouches

**Closed Pouch** - This type of pouch is clip-less, with all peripheral edges completely sealed. It is intended to be removed and disposed when pouch is 1/3 to 1/2 full of stool and replaced with a fresh pouch.

**One-Piece Pouch** - All in one convex colostomy, pouch that is flexible, is easier to apply and fits securely to uneven skin areas, deep seated areas and stomas that need help to protrude.

**Two-Piece Pouch** - Allows change to the stoma bag without having to remove the baseplate or skin barrier (flange). It attaches to the stoma and snaps together with the stoma bag through a plastic flange.

The faceplate (skin barrier) is designed to protect the skin from output of the stoma. The faceplate must be the exact size of the stoma with very little skin exposed. Some faceplates also have tape around the edges for more skin protection and many faceplates also come with pre-cut round holes.

**Stoma Powder** - is generally used to absorb moisture and protect the skin around the stoma. It must be used sparingly as it may prevent the faceplate from developing a good seal.

Note: - Tracheostomy Stoma - Do not apply powders or cream unless prescribed.

## Procedures

### General

1. Check and confirm consent is current for the participant's *Stoma Management Support Plan*.
2. Prepare equipment and appliance (closed pouch, one-piece pouch, two-piece pouch, drainable pouch, base plate and flange), as required.
3. Follow strict handwashing, infection control and personal hygiene before and after each episode of stoma care.
4. Respect the participant's privacy and dignity.
5. Discuss and ensure the participant understands any intended procedures (i.e. change of stoma bag) and consent is obtained for approach before proceeding.
6. Change of participant's Stoma Bag
  - Assist the participant if they are unable with emptying the stoma bag into the toilet first (if required), then take the participant to a private, quiet area.
  - Assist the participant into a comfortable position and where the stoma site is easily accessible.
  - Gather the required equipment as per specific participant needs e.g. stoma bag, sterile scissors, measurement tool for stoma, warm water, mild soap and a wash cloth, clean bowl, gauzes, gloves (2 pairs), disposal bag, protective sheet, adhesive removal spray or wipe (if applicable).
  - Open the equipment on a flat surface in a sterile manner.
  - Put on gloves.
  - Place protective sheet near the stoma bag (i.e. participant's lap).
  - Slowly remove pouching system by loosening and lifting the edge of the pouching system with one hand and push down on the skin, near the skin barrier with the other hand.
  - Use warm water and/or adhesive removal spray to remove pouching system, if required.
  - Use warm water, mild soap and a wash cloth to clean the stoma site.
  - Rinse well as the residue may keep the skin barrier from sticking and may also cause skin irritation.
  - Once the stoma site is clean, remove gloves, perform hand hygiene again and put on new set of gloves.
  - Measure the size of the stoma (diameter) with stoma measuring tool and cut the new adhesive (where required) 2-3 mm larger than the diameter.
  - Ensure skin is dried off well before putting on new pouching system.
 

**DO NOT:**

    - Rub too hard or scrub as the stoma has no nerve endings (use a gentle touch when cleaning around stoma)
    - Use alcohol or any other harsh chemical to clean the skin or stoma
    - Use moistened wipes, baby wipes or towelettes that contain lanolin or other oils, as they can interfere with the skin barrier sticking and may irritate the skin
    - Apply any unprescribed powders or creams as they can also keep the skin barrier from sticking
  - Dispose of used stoma bag appropriately.
  - Maintain appropriate charts and records in the participant's notes - including stoma bag measurement, location of the stoma, any abnormalities and/or skin conditions at the stoma

site, any complications encountered and actions taken.

**Stoma Colour**

- Normal - pink / red / warm to touch
- Abnormal - black / dusky / pale / sloughy

**Oedema (swelling)**

- Abnormal - any sudden or unexplained swelling of the stoma
- Abnormal abdominal distension

**Bleeding Stoma**

- Normal - a slight smear of blood on the wipe when washing or drying the stoma
- Abnormal - Excessive bleeding when cleaning the stoma / blood in the pouch / bleeding from inside the stoma
- Monitor skin condition around stoma site for excoriation.

7. Any issues identified with the participant's stoma appliance to be directed to the appliance provider or manufacturer.
8. Ensure adequate food intake, healthy diet, adequate fluids and exercise to prevent constipation which can be a complication in colostomy care. Oral laxatives to be considered.
9. Encourage participant with ileostomy to chew food fully and adequately before swallowing to prevent blockage of the bowel lumen, preventing passage of food down the ileostomy appliance. If abdominal distension is noted and/or the participant reports nausea, the participant is to stop eating and drinking and medical attention should be sought urgently. Contact the Registered Nurse immediately.
10. Promote oral fluid intake and healthy diet to minimize / prevent urinary tract infection for participants with urostomy. (Note: participants with urostomy have a short urinary tract, hence are prone to infections). Report to the Registered Nurse and / or medical practitioner if participant's urine has an offensive odour, is dark and/or concentrated, for testing and treatment.

Tracheostomy Stoma Management

11. Check and clean skin around tracheostomy tube and stoma with saline daily and apply dry gauze dressing to prevent irritation.

Do not apply powders or cream unless prescribed.

Check and monitor for any skin infections.

Enteral Feed Stoma (PEG Tube)

12. Clean around the PEG tube daily using non-perfumed soap and warm water. Dry thoroughly.

Keep area around the stoma clean at all times.

Check and monitor for any skin excoriation and infection.

13. Maintain an up-to-date list of support service contacts for stoma care - appliances, equipment etc.
14. Referrals where needed to external services / providers to be arranged by the medical practitioner in consultation with the participant. The Registered Nurse can refer the participant to incontinence service providers with participant's prior consent in the management of the

stoma, if required.

15. Should an incident occur, respond as per the participant's *Stoma Management Support Plan*, and per Australian Quality Care's *Incident Management Policy and Procedure*. Following the incident, ensure the participant's *Stoma Management Support Plan* is reviewed and updated, and information communicated to all staff involved in stoma care management.
16. Maintain the participant's personal hygiene and skin integrity at all times.
17. Maintain detailed documentation in the participant's health records.
18. Keep the participant's *Stoma Management Support Plan* updated.

## Supporting documents

Documents relevant to this policy and procedure include:

- *Stoma Management Support Plan*
- *Infection Prevention and Control Policy and Procedure*
- *Waste Management Policy and Procedure*
- *Reportable Incident, Accident and Emergency Management Policy and Procedure*
- *Complaints and Feedback Policy and Procedure*
- *Service Agreement and Support Plan*
- *Clinical Governance Framework*
- *Complex Bowel Care Procedure*
- *Staff Training Plan for Stoma Care*
- *Staff Performance Review and Competency Assessment (Stoma Care)*
- *Incident/Injury Report Form*
- *Emergency Management Plan*
- *Continuous Improvement Register*

## References

- *Australian Medicines Handbook*, Australian Medicines Handbook Pty Ltd, last modified July 2022
- *Complex Bowel Conditions and Care: NDIS High Intensity Daily Personal Activities*, AUSMED CPD Article
- *NDIS Practice Standards: Skills Descriptors - Information for Auditors and Providers (Version 2)*, NDIS Quality and Safeguards Commission, November 2021
- *NDIS Practice Standards and Quality Indicators (Version 4)*, NDIS Quality and Safeguards Commission, November 2021

## 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 Register* 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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