1.0 PURPOSE

Lifestyle Centred Services Pty Ltd is committed to providing the highest standard of care and support for a participant requiring Urinary Catheter Care. Lifestyle Centred Services Pty Ltd has developed the Urinary Catheter Management Policy and Procedure consistent with legislative requirements for a high intensity support activity, ensuring a safe, efficient and effective management service to our participant.

2.0 SCOPE

This policy is applicable to all Staff who undertake Urinary Catheter Management.

3.0 DEFINITIONS

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Indwelling Catheter (IDC);</td>
<td>a thin, flexible tube used to continuously drain urine from the bladder via the urethra.</td>
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<tr>
<td>Suprapubic Catheter</td>
<td>a type of urinary catheter. It empties the bladder through an incision in the belly instead of a tube in the urethra.</td>
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<tr>
<td>Intermittent Catheter</td>
<td>is the insertion and removal of a catheter several times a day to empty the bladder</td>
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4.0 PRINCIPLES OF URINARY CATHETER MANAGEMENT

- To follow infection control procedures;
- replace and dispose of catheter bags;
- maintain charts/records;
- monitor catheter position;
• monitor skin condition around catheter;
• recognise and respond/report blockages, dislodged catheters, signs of deteriorating health or infection.

5.0 ROLES AND RESPONSIBILITIES
Lifestyle Centred Services Pty Ltd’s Director is responsible for the overall clinical management of high intensity supported activities to support participant’s care. Lifestyle Centred Services Pty Ltd’s participants are ensured their desired level of involvement is respected and maintained. A participant’s urinary catheter management plan is overseen by Program Coordinator and health practitioners (e.g. Registered Nurse). This care plan will be regularly reviewed where procedures and information will be given to the participant/carer/advocate.

Please Note: Any changes to a urinary catheter and management plan will be conducted by health practitioners (e.g. Registered Nurse).

6.0 CARE PLAN
Lifestyle Centred Services Pty Ltd’s participant care plan is developed with the involvement of the participant/carer/advocate and Program Coordinator and health practitioners (e.g. Medical doctor, Registered Nurse). It will be reviewed regularly where procedures and information will be provided to the participant using a range of suitable communication methods (where applicable).

Included in the plan is how to:
• maintain infection control procedures;
• specific type of catheter being managed (IDC, suprapubic, intermittent)
• replace and dispose of catheter bags;
• maintain charts/records; (output and intake, bag changes)
• monitor catheter position;
• monitor skin condition around catheter;
• recognise and respond/report blockages, dislodged catheters, signs of deteriorating health or infection.
Staff will confirm consent prior to commencing care of a participant’s urinary catheter. The participant’s health status will have regular reviews by the Program Coordinator and a qualified health practitioner (e.g. Registered Nurse, Enrolled Nurse). A participant’s Urinary Catheter Management Plan will be reviewed weekly or as needed to ensure there are updated strategies in place for acting upon information from the participant/carer/advocate, Staff and health professionals.

7.0 STAFF TRAINING

Lifestyle Centred Services Pty Ltd’s frontline staff will have relevant and/or additional qualifications and experience for the participant’s needs. Lifestyle Centred Services Pty Ltd will train their support staff (according to their training plan), in how to care for a urinary catheter. Frontline staff will be made aware of associated health conditions and complications that can impact on a participant who has a urinary catheter. The common risks and indicators of a malfunctioning urinary catheter and understanding when to involve their Program Coordinator and a qualified health practitioner (e.g. Registered Nurse, Enrolled Nurse). Lifestyle Centred Services Pty Ltd Frontline staff will have received training, relating specifically to each participant’s needs and the type of urinary catheter support required including the following:

- Basic understanding of urinary system for males and females;
- appropriate hydration;
- types of catheters;
- procedures and challenges in inserting catheters in males and females (intermittent catheters only);
- common complications associated with using different types of catheters,
- indicators of complications that require intervention and understanding when to involve a health practitioner.
- infection control procedures, how to respond/report signs of deteriorating health and monitor hydration requirements.
- Emergency management of a catheter

Lifestyle Centred Services Pty Ltd training system complies with the high intensity support activities skills descriptor for providing urinary catheter management; including how to follow
Policy and Procedure • Urinary Catheter Management

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8.0 SAFETY CONSIDERATIONS
Lifestyle Centred Services Pty Ltd will ensure that their Staff have knowledge of and are trained in infection control procedures per the Management of Waste Policy including how to correctly conduct urinary catheter management using related equipment including the safe disposal of waste as per the Management of Waste Policy. To monitor, chart and record participants urinary catheter management according to Lifestyle Centred Services Pty Ltd Information and Record Keeping Policy and Procedure.

The Staff will consult with the participant/carer/advocate to identify, recognise and respond/report problems such as irritation, dehydration, infection, blockages, signs of deteriorating health. Lifestyle Centred Services Pty Ltd Staff will involve a qualified health practitioner (e.g. Medical Doctor, Registered Nurse, Enrolled Nurse) if any of the above risk factors are present with their participant.

Lifestyle Centred Services Pty Ltd has in place an incident, emergency and risk management policies and procedures, registers and reports which ensure that service provision is provided for the maximum participant safety and wellbeing.

- Equipment in the home will/may include:
  - Disposable gloves (powder free)
  - Disposable apron
  - Goggles
  - Lubricant (water based)
  - Catheters (indwelling, suprapubic, intermittent)
  - Urine bags (leg and overnight)
9.0 PROCEDURE

This procedure has been written as a generic guide to urinary catheter care and management. A Staff must consult their individual participant care plan for specific instructions. Catheters are generally necessary when someone can't empty their bladder. If the bladder isn't emptied, urine can build up and lead to pressure in the kidneys. The pressure can lead to kidney failure, which can be dangerous and result in permanent damage to the kidneys.

9.1 Catheter Types

A urinary catheter is a hollow, partially flexible tube that collects urine from the bladder and leads to a drainage bag. Urinary catheters come in many sizes and types. They can be made of rubber, plastic (PVC) or silicone. There are 3 types of urinary catheters:

- **Indwelling or Suprapubic**: a thin, flexible tube used to continuously drain urine from the bladder either via the urethra (indwelling) or via an insertion site in the lower abdomen above the pubic bone (suprapubic). It is kept in the bladder via a balloon inflated with a specified amount of sterile water.
- **Intermittent**: involves inserting and removing a catheter into the bladder via the urethra several times a day, emptying into a container (then emptied in the toilet), or directly into the toilet.
- **External**: A condom catheter is a catheter placed outside the body. It’s typically necessary for men who don’t have urinary retention problems but have serious functional or mental disabilities, such as dementia. A device that looks like a condom covers the penis head. A tube leads from the condom device to a drainage bag.

9.2 Catheter Care and Equipment

There are different types of catheter brands, tubes and equipment. The Staff must consult the urinary catheter management care plan to see what specific requirements their participant has. The Staff must check:

- the correct position of the catheter, visually and anatomically
• the surrounding skin and the insertion site for signs of infection or irritation
• dates for when the catheter will need to be replaced by a Registered Nurse (usually 6-12 weeks depending on the type of catheter)
• Leg and overnight bag changes
• how often to empty the catheter bag and document

NOTE: The Staff must contact their Program Coordinator and Registered Nurse if they observe redness, pain or swelling, or excess discharge around the catheter site, or if the dislodges out of position.

9.2 Catheter Care and Equipment
There are different types of catheter brands, tubes and equipment. The Staff must consult the Urinary Catheter Management Support Plan to determine the specific requirements of the participant. The Staff must check:

• The correct position of the catheter, visually and anatomically,
• The surrounding skin and the insertion site for signs of infection or irritation,
• Dates for when the catheter will need to be replaced by a Registered Nurse (usually 6-12 weeks depending on the type of catheter).
• Leg and overnight bag changes,
• How often to empty the catheter bag and
• Document the process

NOTE: The Staff must contact their Program Coordinator and Registered Nurse if they observe redness, pain or swelling, or excess discharge around the catheter site, or if the dislodged out of position.

9.3 Procedures for Bag Drainage
There are two types of bags used to drain urine - a leg bag and an overnight bag. Different brands will have different interlocking clamps and access to drainage. The Staff will need to refer to the participant’s care plan for the specific type of urinary drainage bags that they use.
9.3.1 A leg bag

- is a sterile bag and should always stay connected unless being changed (weekly)? The leg bag is worn under the clothing and is usually attached to the leg above the knee with a pair of straps.
- It should be strapped securely to prevent the bag trailing or dragging on the catheter.
- It will need to be emptied into the toilet when it is just over 1/2 full or every two hours as indicated on the bag. Do not let the leg bag become more than 3/4 full.
- When changing the leg bag; wash your hands and hold the catheter firmly at the Y joint tightening to reduce any leakage of urine.
- Carefully twist the leg bag out of the catheter ensuring you do not pull on the catheter.
- Remove the used leg bag and connect the new leg bag. Do not touch the tip of the new leg bag, this is sterile.
- Check the bottom clamps are closed and secure to the leg of the participant as desired.
- Discard the used leg bag according to the waste management policy.

9.3.2 Attaching the overnight bag

- Wash and dry your hands
- Empty the leg bag (do not remove the leg bag from the catheter)
- Check that the night bag clamp is closed and attach it to the outlet of the leg bag
- Open the leg bag clamp then wash your hands
- Make sure the night bag is hanging on the bed or the nightstand so that gravity will enable the correct flow of urine down the catheter through the leg bag and into the night bag
- In the morning wash and dry your hands and clamp the leg bag closed (the leg bag should be changed weekly unless specified in the care plan)
- Remove the night bag and empty, ensuring that you record the amount of urine if required
- Run warm soapy water through the overnight bag to clean. Do not use detergents or sterilising agents as they may damage the bag. You may rinse with white vinegar if required
- Store the overnight bag and wash your hands
9.4 Intermittent Catheter Procedure

This procedure involves passing an intermittent catheter, down the urethra into the bladder. The staff will need to refer to the participant’s care plan for the specific size and type of intermittent catheter. The care plan will also outline the times of catheterisation and what documentation must be recorded.

9.4.1 Male

1. Wash and dry hands
2. Adjust clothing so that the penis is accessible.
3. Using soap and water or moistened towelettes wash and dry the area.
4. If the participant is not circumcised, you will need to pull back your foreskin and wash the area.
5. Wash and dry your hands thoroughly.
6. Place the unopened catheter packet, clear side facing downwards, on a flat surface.
7. Peel back from the coloured end of the catheter for 5 cms. Gently grasp hold of the funnel to stabilise the catheter and prevent it from flicking out of the packet.
8. Slowly peel back the paper side of the packet and remove completely without touching the catheter. The catheter should remain in the clear packet.
9. Drop lubricant onto the tip of the catheter and for about 5 cms along the tube.
10. Without touching the catheter (that is, grasp hold of it through the packet) pick it up and hold it like a pen in your dominant hand and peel back the clear packet to reveal the tip of the catheter.
11. With your other (non-dominant) hand grasp hold of your penis and hold it at an angle.
12. Gently but firmly push the catheter into the penis 5 cms. Hold the shaft of the penis firmly so that the catheter does not fall out and peel back the paper to expose another 5 cms of catheter to be inserted. Continue to insert the catheter in this way.
13. You may encounter some resistance at the point where the catheter reaches the neck of the bladder and the closed sphincter muscle. If it is stuck do not force the catheter ask the participant to try coughing, bearing down (as though they want to pass urine) or deep breathing whilst keeping gentle pressure against the resistance. Continue to insert the catheter.
14. Remove the paper completely and wait for the urine flow.
15. Return the penis to its natural position and hold onto the catheter until the flow of urine stops.
16. Make sure to direct the flow of urine into the toilet or container.
17. When the flow has stopped, have a cough and press gently over your bladder as more urine may flow out by doing this.
18. Slowly pull out the catheter and place it in a bowl or dispose of it in the bin or according to the care plan.
19. Replace your foreskin.
20. Wash and dry the area and then wash and dry your hands.
21. Discard and packaging as per the waste management policy.

9.4.2 Female
1. Wash and dry your hands
2. Assist the participant into a comfortable position and adjust clothing to access the urethra.
3. Using soap and water or moistened towelettes wash and dry the area.
4. Wash and dry your hands thoroughly.
5. Place the unopened catheter packet, clear side facing downwards, on a flat surface.
6. Peel back from the coloured end of the catheter for 5 cms. Gently grasp hold of the funnel to stabilise the catheter and prevent it from flicking out of the packet.
7. Slowly peel back the paper side of the packet and remove completely without touching the catheter. The catheter should remain in the clear packet.
8. Drop lubricant onto the tip of the catheter and for about 5cms along the tube.
9. Without touching the catheter (that is, grasp hold of it through the packet) pick it up and hold it like a pen in your dominant hand and peel back the clear packet to reveal the tip of the catheter.
10. With your non-dominant hand, gently part the labia to expose the urethra.
11. Gently insert the catheter into the urethra and continue to gently push it in until urine begins to drain.
12. If it is stuck do not force the catheter. Remove the catheter and try again later.
13. Hold on to the catheter until the flow of urine stops.
15. Make sure to direct the flow of urine into the toilet or container.
16. When the flow has stopped, as the participant to cough and press gently over the bladder as more urine may flow out by doing this.
17. Slowly pull out the catheter and place it in a bowl or dispose of it in the bin.
18. Wash and dry the area and then wash and dry your hands.
19. Discard and packaging as per the waste management policy.

9.5 Surrounding skin and urethral care
The urethra and general genital area have soft membranes that are easily harmed. Therefore, skin surrounding the urethra must be cared for observing for the following:
- Redness
- Swelling
- Infection (discoloured mucus or pus, strong odour, pain or abnormal discomfort)

If any of the above are noted the Staff must document and inform their Program Coordinator and Registered Nurse.

9.6 Problems and complications
Participant’s fluid intake including fluids such as alcohol and caffeine, which increase the amount of urine that they produce, requiring the fluid intake to be monitored and calculated. They may require extra catheterisation. Urethral strictures may become a problem, if this is the case the Program Coordinator and Registered Nurse must be informed.

10.0 LEGISLATION
- NDIS Quality and Safeguards Commission (2018)
- NDIS High Intensity Support Skills Descriptor
- NDIS High Intensity Daily Personal Activities
- NDIS Provider Registration and Practice Standards

11.0 RELATED DOCUMENTS
- Child Safety Policy and Procedure
- Code of Ethics and Conduct Policy
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- Complaints Compliments and Feedback Policy
- Consent Policy
- Cultural Awareness Policy
- Human Resource Management Policy
- Incident, Accidents and Emergencies Policy
- Information and Record Keeping Policy and Procedure
- Management of Waste Policy
- Privacy and Confidentiality Policy
- Risk Management Policy
- Service Agreement Policy
- Work Health and Safety and Environment Management

12.0 RELATED FORMS

- Authority to Act as an Advocate
- Code of Ethics and Conduct Agreement
- Complaints and Feedback Form
- Doctors Medication Order Form
- Hazard Form
- Incident Investigation Form
- Privacy and Confidentiality Agreement
- Risk Assessment Form
- TRAINING PLAN – Urinary Catheter Management