

## C7 Catheter Care

Extra Care Housing Service	Support at Home Service	OA Day Services	Residential Services	DMH Day Services	DMH Supported Living Services	Community Equipment Services	Shared Lives Service
✓	✓	✓	✓	✓	✓	X	✓

# Policy

This policy is to ensure staff are clear about their roles and responsibilities when dealing with catheter care, ensuring they meet standards set out in this policy and relevant infection prevention and control policies.

## Procedure

### Statement of Good Practice

Catheter Associated Urine Tract Infection (CAUTI) can occur whether a person has a short- or long-term catheter. There is a strong association between duration of catheterisation and the risk of infection. Prompt removal of the catheter and compliance with this policy is important in terms of infection prevention and control, experience and comfort for the person using the service.

Bacteria develops with every person who has an indwelling catheter within 30 days, which is usually asymptomatic. However symptoms can and do occur. These clinical symptoms can be detected by using the UTI assessment tool, Appendix 1.

Infection risk can be minimised by:

- Limiting the duration of indwelling catheters;
- Maintaining a closed system of drainage and using a leg drainage system;
- Using appropriate PPE for all catheter care;
- Carrying out effective hand hygiene;
- Strict adherence to Aseptic Non-Touch Technique (ANTT), Appendix 2.

Initial catheterisation and documentation using a catheter passport for the person using the service must be completed by the health professional carrying out the procedure. This must record the reason for insertion, the date of insertion and the planned review date.

Written information will be provided in the catheter passport / Care Plan of the person using the service and will provide information on:

- Managing their catheter and drainage system;
- Infection control and minimising the risk of infection;
- How to prevent trauma, use of a fixation device and fixing the leg bag correctly, not allowing the bag to rest on the floor at night etc;
- Positioning the bag below the bladder;
- Personal relationships.

Daily care should be carried out at the point where the catheter enters the body by either the person or carer if the person cannot do this independently. This should be documented in the personal care plan / support plan of the person using the service. The drainage bag valve should be closed at all times except when emptying or changing the bag. This closed system reduces the risk of infection.

## **Responsibilities:**

- The manager / supervisor will ensure that all staff are aware of and follow the appropriate guidelines for each person using the service as detailed by the relevant clinician;
- Staff will ensure that urine bags are emptied and changed as necessary, adhering to Aseptic Non-Touch Technique guidance and IPC policies.
- Staff will take appropriate action if there are concerns about infection or catheter blockage and reported the supervisor and recorded on daily notes.
- Where there are concerns the supervisor / manager must ensure a professional is informed.

## **Documentation**

- Information regarding frequency of catheter bag changes must be recorded in the person-centred care / support plan and daily notes.
- Daily care will be recorded in the service user's diary / communication record.

## **Training**

- Staff must receive training and instructions from a trained IPC link worker on how to support with daily care and how to change catheter bags, adhering to ANTT and IPC policies;

## **Procedure for emptying and / or a changing leg bag**

following ANTT guidance, Appendix 2 (bags should be emptied when 2/3 full. A small amount of urine should be left in the bag to prevent a vacuum forming and tubing needs to be free from twists, stretches or restrictions):

- Wash hands and gain consent;
- Collect equipment;
- Wash hands again and put on PPE;
- Not touching the end of the port, release the valve and empty the leg bag contents into the toilet or suitable container;
- Remove the leg bag from the catheter if planning to change the leg bag and place in the waste (orange bags if there is a known infection present) or for supported living and reablement services double bag and place in general waste;
- Leg bags should only be disconnected during the planned weekly bag change to minimise the risk of infection;
- Insert new leg bag not touching end ports. Ensure drainage bag is fixed in the correct position;
- Remove PPE and dispose of waste as above or double bag and place in general waste as above;
- Wash hands;
- Complete documentation.

Note: leg bag straps should be fitted in the slots behind the tube so flow is not restricted.

### **Procedure for attaching night bag, changing night bag and emptying the night bag:**

As above, however, if attaching a night bag ensure the valve on the leg bag is closed until it is attached then open for flow and place the night bag on the catheter night bag stand. When removing the night bag remember to close the valve of the leg bag.

The night bag should be taken to the sluice in an appropriate container and then contents emptied into the sluice machine. Hands should be washed and gloves should be changed before going to the sluice to ensure no cross contamination when opening the sluice door. The bag should then be disposed of in clinical waste.

### **Supra pubic catheters:**

- Wash hands;
- Wash the skin around the catheter daily with unperfumed or mild soap and water. Use a clean flannel or cloth that is only used for this purpose – dry area gently and thoroughly;
- If discharge around the catheter is apparent contact the District Nurse for advice on the best way to treat this;
- Avoid pulling or restricting the catheter by wearing loose clothing; tight clothing can cut off the flow of urine;
- If the catheter falls out, seek clinical support immediately.

### **Hydration:**

Ensure that the person using the service is hydrated by encouraging fluids daily for the specific needs of the individual's needs. This must be recorded on the care plan / daily notes.

### **Specimen collection:**

If this has been requested by a GP following the use of the UTI assessment tool (appendix 2) and refer to the IPC policy.

### **Incontinence aids:**

When used, sheaths and incontinence pads need to be disposed of appropriately. Place in the waste (orange bags if there is a known infection present) or double bag and place in general waste for supported living and reablement services.

Flow the Harrogate IPC procedures where appropriate.