

B1 Bowel & Continence Management

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	X

Policy

To ensure staff respect the dignity and privacy of the people who use our service.

Procedure

1. Appropriate personal protective equipment must be used at all times and staff must be aware of their role when supporting a person with their bowel and continence management.
2. Staff must act upon all requests from the person we support for assistance with bowel or continence management in line with their person-centred care plan. Any concerns with their bowel movements or continence must be reported to the supervisor and monitoring commenced.
3. Possible reasons for becoming incontinent of urine or the person's bowel movements changing should be investigated and an appropriate recording in the daily records / communication record should be made. Reasons may include:
 - Change of environment
 - Emotional stress
 - Illness
 - Mobility
 - Diet
 - Medication
4. A record should be kept using the Appendix 1 Form. This form can be used to record bowel movements and or faecal / urinary incontinence. This should be recorded on the electronic care planning system if used.
5. Forms must be held with the person-centred care plan whilst monitoring is ongoing. This can include both fluid and continence monitoring if required.
6. Monitoring should only continue while symptoms persist and should not be on an ongoing basis. If symptoms persist advice must be sought from a health care professional.
7. As soon as the monitoring period is over and information has been passed to the relevant professionals monitoring should be discontinued. This should be recorded in the notes action section on the reverse of the form and relevant staff informed.
8. Any advice received from health professionals must be followed and recorded on the person-centred care plan / communication records. If there is no improvement, further advice must be sought and actioned.

9. The person-centred care plan should include the person's own continence management routines, with the aim that we support the person to maintain their dignity and respect.
10. If the person we support has specialist incontinence needs e.g. stoma, catheter or ileostomy, staff should receive appropriate training to meet their needs. The specific needs should be detailed in the person-centred care plan / communication records.
11. To dispose of incontinence aids, follow the appropriate disposal procedures (IPC, C7 & C13).

Reablement, Domiciliary and Supported living Services.

1. All offensive waste must be placed in an appropriate nappy sack and double bagged immediately and discreetly transferred to the appropriate bin.