

OA Reablement Services	OA Day Care	OA Residential Care	Domiciliary Services	DMH Day Services	DMH Supported Living	DMH Residential Services	EIA
✓	✓	✓	✓	✓	✓	✓	✓

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BOWEL & CONTINENCE MANAGEMENT

POLICY

To ensure staff respect the dignity and privacy of service users at all times.

PROCEDURE

Appropriate Personal Protective Equipment must be used at all times and staff must be aware of their role when supporting a service user with their bowel and continence management.

1. Staff must act upon all requests from the service user for assistance with bowel or continence management in line with their person centred care plan. Any concerns with the service user's bowel movements or continence must be reported to the supervisor and monitoring commenced.
2. Possible reasons for a service user becoming incontinent of urine or their bowel movements changing should be investigated and an appropriate recording in the service user daily records / daily diary / communication record should be made. Reasons may include:
 - Change of environment
 - Emotional stress
 - Illness
 - Mobility
 - Diet
 - Medication
3. A record should be kept using the Appendix 1 Form. This form can be used to record bowel movements and or faecal / urinary incontinence.
4. Forms must be held with the care plan whilst monitoring is ongoing. This can include both fluid and continence monitoring if required.
5. 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.
6. 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.

Date	30/11/05	23/03/09	30/09/13	20/01/16				Issue date
Amendment	1	2	3	4				01/07/04 P&P

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7. Any advice received from health professionals must be followed and recorded in the service user's daily records. If there is no improvement, further advice must be sought and actioned.
8. The person centred care plan should include the service users own continence management routines, with the aim of supporting the service user to maintain their dignity and respect.
9. If a service user has specialist incontinence needs e.g. stoma, catheter or ileostomy, staff should receive appropriate training to meet the needs of the service user. The specific needs should be detailed in the person centred care plan / daily records.

Disposal of incontinence aids – see Catheter Care C7 AND C13 Clinical waste disposal.

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.

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