



1. Purpose

1.1 To promote best practice in relation to catheter care, whilst minimising the risks associated with healthcare associated infections.

1.2 This policy focuses on supporting Service Users who present with acute urinary retention and Service Users who require the use of a long-term urethral catheter.

1.3 To support Serendipity Healthcare Ltd in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
CARING	C3: How are people's privacy, dignity and independence respected and promoted?
EFFECTIVE	E1: Are people's needs and choices assessed and care, treatment and support delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?
SAFE	S2: How are risks to people assessed and their safety monitored and managed so they are supported to stay safe and their freedom is respected?
SAFE	S5: How well are people protected by the prevention and control of infection?

1.4 To meet the legal requirements of the regulated activities that Serendipity Healthcare Ltd is registered to provide:

- Equality Act 2010
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Health and Safety at Work etc. Act 1974
- The Medical Devices Regulations 2002
- Mental Capacity Act 2005
- Nursing and Midwifery Council (NMC) Legislation

2. Scope

2.1 The following roles may be affected by this policy:

- Registered Manager
- Care staff

2.2 The following Service Users may be affected by this policy:

- Service Users

2.3 The following stakeholders may be affected by this policy:

- Family
- Commissioners
- External health professionals
- NHS



3. Objectives

- 3.1 At every opportunity, Service Users are supported to maintain independence as far as possible with their catheter care.
- 3.2 When required, catheters are looked after safely by competent, knowledgeable and skilled staff.

4. Policy

- 4.1 Catheters will be actively managed in order to maintain the comfort, privacy, dignity and infection-free status of the Service User, whilst upholding infection control standards.
- 4.2 Any Service User requiring a catheter, or who already has an indwelling catheter, will be risk assessed and an individual plan of Care prepared which is specific to their personal Care and medical needs, their physical and medical condition, the physical environment and their personal wishes.
- 4.3 Initial catheter insertion, routine catheter change or a change to the catheter management regime will be communicated to Care Workers scheduled to visit the Service User. The Care Worker's attention will be drawn to the need to read the Care Plan. The Care Plan will document the health professional responsible for the catheter and an up-to-date contact number will be recorded.
- 4.4 When supporting a Service User with any aspect of catheter care, staff will wash their hands before and after care in accordance with handwashing standards, and use an apron and gloves as supplied by Serendipity Healthcare Ltd.
- 4.5 Due to the sensitive and intimate nature of catheterisation, staff will at all times maintain the dignity, respect and privacy of the Service User.
- 4.6 Staff who are responsible for the care and support of Service Users with a catheter will have the skills, knowledge, expertise and competence to practice safely.
- 4.7 Staff will have access to a suite of resources and best practice recommendations, including the Royal Marsden Manual of Clinical Nursing Procedures.

5. Procedure

5.1 Assessment

At the assessment stage, continence needs will be established. This will identify if the Service User has a catheter or any history of urinary retention that may require intervention at a later date. Allergies will be established to ensure that there are no contraindications to the use of latex.

All Service Users will have a continence assessment completed upon commencement of their Care at Serendipity Healthcare Ltd. Where a Service User has a catheter in situ, a risk assessment is required to be completed alongside a Catheter Care Plan.

The Care Plan will be formulated and agreed by the Service User and/or their family (where consent and the law allows) and include documenting the following:

- The initial reason for a catheter



- The reasons for continuing catheterisation
- The type of catheter and equipment that the Service User uses
- The Service User's ability to manage the catheter
- Infection control considerations
- Points of specialist contact
- The date for removal, renewal or review

The Care Plan and risk assessment will be subject to review.

5.2 Service User Involvement

Where possible, Service Users and/or their families will be educated about, and trained in, techniques of hand decontamination and catheter management if they are supporting the Service User.

Where possible, Service Users will be trained and supported to be as independent as possible to manage catheter care themselves. How Care Workers support must be documented clearly within the Service User's Care records to aid a consistent approach from all staff.

Service Users will also be provided with information regarding the reason for the catheter and the plan for review and renewal. Written resources must be available for Service Users to access.

Staff must work as the Service User's advocate in all aspects throughout urinary catheter care.

5.3 Consent

Consent must be obtained from the Service User prior to any Care procedure involving the catheter, taking into account the mental capacity of the Service User. Staff must have a working knowledge of how to obtain valid consent and how to confirm that sufficient information has been provided on which to base this judgement.

Where a Service User lacks the ability to consent and due to the sensitive and intimate nature of catheterisation, advice must be sought from a multidisciplinary perspective and alternative strategies considered in line with the Mental Capacity Act (2005) and best interest decisions.

5.4 Management of Urinary Retention

Following the first catheterisation, staff, on the advice of a clinician, will:

- Monitor and record fluid output
- Observe for any abnormalities
- Monitor the Service User for signs of shock during drainage, especially if there is the potential for a large volume of urine having been retained

Any concerns will be reported to the Service User's GP.

If a catheter is inserted, the clinical need for continuing to use it will be reviewed regularly and it must be removed if the need no longer exists. Catheters will not be changed unnecessarily or as part of routine practice without a review being carried out. Catheter changing and insertion is a delegated nursing responsibility and must only be undertaken as part of the agreed Care Plan, after training and competency assessment has taken place and when The Registered Manager has confirmed that the insurance of Serendipity Healthcare Ltd covers such activities.



Indwelling catheters will only be changed when necessary or according to the manufacturer's instructions.

5.5 Infection Control Considerations

Staff must wash their hands and wear a new pair of clean, non-sterile gloves before supporting a Service User with their catheter and must wash their hands after removing gloves.

Staff will refer to the Infection Control Policy and Procedure at Serendipity Healthcare Ltd for further details.

5.6 Intermittent Catheterisation

Note: Care Workers will only undertake this activity if trained and assessed as competent, with prior agreement from The Registered Manager and when directed by a Registered Nurse.

Intermittent catheterisation will be used in preference to using an indwelling catheter if it is clinically appropriate and a practical option for the Service User.

Where possible, Service Users will be taught to undertake intermittent catheterisation themselves, where support is required. Staff will agree and record a schedule of times during the day when intermittent catheterisation will be delivered. Advice from a continence service may be required if this is a new means of managing urinary retention.

The catheter will be single use only and full aseptic technique will be adhered to where staff are required to support the Service User.

A lubricant will be applied to reduce the risk of discomfort to the Service User and to ease insertion.

5.7 Catheter Care

Indwelling catheters will be connected to a sterile closed urinary drainage system or catheter valve. Staff will ensure that the connection between the catheter and the urinary drainage system is not broken, except where there are good clinical reasons (for example, changing the bag in line with the manufacturer's recommendations).

Urinary drainage bags will be positioned below the level of the bladder and will not be in contact with the floor. The urinary drainage bag will be emptied frequently enough to maintain urine flow and prevent reflux and will be changed when clinically indicated. A separate and clean container will be used for each Service User. Contact between the urinary drainage tap and container will be avoided.

5.8 Stock and Supply

All catheter-related products will be supplied by prescription from the Service User's GP. Where the Service User is unable to manage this independently, staff are required to order and replenish stock in a timely manner, and this will be agreed as part of the Care Plan. Staff will always have a sufficient supply of stock available. Where products are no longer suitable for use, alternatives will be considered and ordered.

Products must be held discreetly and stored in accordance with the manufacturer's instructions.

Stock must comply with CE certification standards, safety and maintenance requirements as defined within local or national guidelines (e.g. local prescribing formularies).

5.9 Catheter Cleansing

Catheters and the surrounding area will be washed twice a day with a cloth and mild soap and water, as well as following any bowel actions. Catheters will be cleaned by wiping away



from where the catheter enters the body (urethra). This is to reduce the risk of infection. Any discharge from around the catheter will be noted and observed. The frequency of cleansing may need to also be increased.

5.10 Catheter Valves

- Some Service Users may use catheter valves as a means of allowing urine to drain freely into a drainage bag. The valve needs to be connected directly on to the catheter outlet.
- In order to prevent damage to the bladder and kidneys, staff must ensure that they support the Service User if they are unable to independently open the valve at the intervals detailed within the Care Plan. The nurse overseeing the Service User's catheter care may discuss the use of catheter valves as an option with Service Users who want a more discreet way of management and a way of helping to maintain bladder tone as far as possible. Staff will seek advice from a specialist healthcare professional (such as the local continence advisor) if they need further support.
- As some catheter valves can be bulky and may be noticed under clothing, staff will alert the Service User to this. With the agreement of the Service User, loose clothes are recommended.
- The nurse overseeing the Service User's catheter care should ensure that the valve is changed every 5-7 days, and this will be documented within the Service User's Care Plan. A local system of communication will be in place to ensure that the valve is changed in accordance with the Care Plan.
- Personal care and hygiene is important, and staff will advise the Service User to avoid creams and talc around the area.

5.11 Procedure for Emptying a Catheter Leg Bag

The leg bag will be emptied when it is two-thirds full or every 4-6 hours. This may vary for different Service Users and so will be agreed on an individual basis, and the Care Plan will reflect the frequency of emptying, where necessary.

These procedures are for both Service User and staff use:

- Wash hands and apply disposable gloves and apron
- Open the tap at the bottom of the leg bag and allow the urine to drain into the toilet or container
- Do not let the drainage tap touch the rim of the toilet or container
- Dry the drainage tap with toilet paper after emptying the bag
- Close the drainage tap and wash it with soap and water after the bag is emptied
- If using a container, wash and dry it thoroughly after use
- Remove and dispose of gloves and aprons in the domestic waste and wash hands

A leg bag can be left on for between 5 to 7 days. Change it sooner if it becomes damaged or difficult to empty. Staff will also refer to the manufacturer's instructions.

5.12 Procedure for Attaching a Night Drainage Bag

- Wash hands, put on gloves and a disposable apron
- Remove the protective cap from the night drainage bag
- Insert the night bag connector firmly into the leg bag outlet tube. If using a catheter valve, the night drainage bags connected directly to the valve must always be single use and sterile



- Remove leg straps or the bag support device to allow free drainage
- Open the tap between the leg bag or valve and appropriate night drainage bag
- Place the night drainage bag on a supporting stand so that the bag is positioned lower than the bladder to aid drainage
- Never let the catheter be pulled by the weight of the drainage bag
- Remove gloves and disposable apron
- Wash and dry hands

5.13 Procedure for Disconnecting a Night Bag

- Wash hands, put on gloves and a disposable apron
- Close the tap on the leg bag or valve
- Disconnect the night drainage bag from the leg bag or valve if worn
- Empty urine from the bag and discard in accordance with the Infection Control Policy and Procedure
- Remove gloves and apron and wash hands

5.14 Managing a Blocked Catheter

- Where staff are required to only empty a catheter, any concerns about blockage must be escalated immediately to the District Nursing Team or GP. Staff must, however, as a minimum, check for kinking in the tube, check the catheter position and the fluid intake of the Service User
- Where staff are providing additional catheter support following training and competency assessment and under the direction of a Registered Nurse, the following must be considered

To minimise the risk of encrustation and blockage to the catheter, staff will:

- Develop an individual specific care regime
- Increase fluid intake
- Document the catheter blockage history

If a catheter becomes blocked, it is imperative to respond in a timely manner due to the discomfort caused to the Service User as well as the risk of damage to their bladder and kidneys.

- In the event of a blocked catheter, trained staff will:
- Review the activity and mobility of the Service User (check for catheter position, catheter kinking etc.) and remedy accordingly
- Review and monitor the Service User's diet and fluid intake as well as considering constipation as a factor
- Review the standard of the Service User's personal hygiene
- Administer the prescribed catheter maintenance solution
- Seek clinical advice as to whether re-catheterisation is necessary, whilst monitoring output and reporting any areas of concern to the Service User's GP or the District Nurse

Where it has been recommended by the GP that regular catheter maintenance solution is used as part of a regime for managing encrustation, it is recommended that this procedure is timed with the changing of catheter leg bags (every 5-7 days) so that the system is not opened more than necessary.

5.15 Suprapubic Catheterisation Changes

POL45 – Catheter Care Policy and Procedure

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For Service Users who have a suprapubic catheter, any changes to the catheter will be made by staff who have had the specialist training required and who have gained the necessary competence. Staff must seek the most current recommendations in relation to the procedure for changing a suprapubic catheter.

Staff can refer to the following document for support and current recommended practice:
<http://onlinelibrary.wiley.com/doi/10.1111/j.1464-410X.2010.09762.x/epdf>

5.16 Urine Sample Collection

Staff can refer to the Royal Marsden Clinical Nursing Procedures Manual for procedures for urine collection.

Urine samples must be obtained aseptically from the sampling port and not be obtained from the drainage bag. Maintaining a sterile, closed urinary drainage system is central to the prevention of catheter-associated UTIs.

5.17 Training and Education

Staff will pay due regard to, and be compliant with their Codes of Conduct, only practising within their realm of competence. Training will be sourced by Serendipity Healthcare Ltd where there is a need and there is an expectation that staff will maintain their knowledge and competence upon completion of the training.

Staff must inform The Registered Manager if they feel that they are not competent to undertake urinary catheter care so that additional training needs can be identified and facilitated at local level. Care Workers will not undertake any catheter support without prior approval from Serendipity Healthcare Ltd and where agreed as part of the Care Plan.

Staff must be aware of the complications that catheterisation can cause such as:

- Trauma
- Urinary tract infection
- Encrustation
- Urethral perforation
- Bladder calculi neoplastic changes
- Autonomic dysreflexia in Service Users with spinal injuries

Staff will be advised that any incident relating to catheter care will be documented and an incident record completed.

5.18 Audit and Review

Spot checks will be undertaken by The Registered Manager or a designated other in relation to staff and their practice. Staff will need to demonstrate during their appraisal that they have maintained their knowledge and skills. Care will form discussions at professional supervisions.

Members of staff will ensure, on a daily basis, that continence equipment is out of sight, that catheter bags are hidden under clothes and blankets and that, where night bags are in use, these are not visible from doorways.

Documentation will be reviewed in accordance with the quality assurance programme in place

at Serendipity Healthcare Ltd to ensure that it complies with the content of this policy.

Where areas are identified, staff will be informed, actions identified, and changes embedded in practice.

Accident and incident records within Serendipity Healthcare Ltd will be used as performance indicators for practice.



5.19 Coronavirus

During times of uncertainty, such as the coronavirus pandemic, staff must also ensure they adhere to legislation and government guidelines in relation to COVID-19. Staff can refer to the COVID-19 Hub within the QCS Management System, and in particular, can refer to the following policies

- Infection Control Policy and Procedure
- Personal Protective Equipment Policy and Procedure
- Coronavirus Policy and Procedure

6. Definitions

6.1 Urinary Catheter

- A urinary catheter is a catheter that is inserted in the urethra and remains in place until it is no longer needed. Both short-term (used for 28 days or less) and long-term (used for more than 28 days) urinary catheters are used

6.2 Catheter-Related Products

- For the purpose of this policy, this includes:
 - Catheter
 - Drainage bag systems
 - Lubricant/local anaesthetic
 - Valves or alternative devices as recommended by a healthcare professional

6.3 Catheter Maintenance Solutions

- Catheter Maintenance Solutions (CMS) used to dissolve mineral deposits known as 'encrustation', were originally known as 'bladder washouts'. This term is no longer used as it does not describe the product and its use correctly

6.4 Indwelling Catheter

- A catheter that is located inside the body and drains urine from the bladder to a bag outside the body

6.5 Intermittent Catheter

- A catheter that is inserted several times a day to drain the bladder and then removed once the flow of urine stops

6.6 Coronavirus

- Novel coronavirus is a new strain of coronavirus first identified in Wuhan City, China. The virus was named severe acute respiratory coronavirus 2 (SARS-CoV-2). The disease it causes is called COVID- 19

6.7 Pandemic

- A pandemic is the worldwide spread of a new disease COVID-19 was characterised as a Pandemic on 11th March 2020

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