

## COMPETENCIES

6 / 10

Communication

7 / 10

Critical Thinking & Decision Making

8 / 10

Accountability

5 / 10

Teamwork & Collaboration

5 / 10

Leadership

## SCOPE

This guideline applies to the provision of paid support services in the community. They are relevant Australia-wide or when a participant is travelling overseas with their Australian team of support worker/s.

## DISCLAIMER

*This guideline is provided to help guide best practice in the disability, aged care and community support industry. This information does not in any way replace legislative, regulatory, or contractual requirements. Users of this document should seek appropriate expert advice in relation to their circumstances. ACIA does not accept any liability on the use of this guideline.*

## PURPOSE

This guideline is to assist service providers (organisations and individuals) to maintain a consistent quality standard of services delivered regarding the provision of bowel care in the community setting that reflects best practice.

## BACKGROUND

The method of bowel care can vary greatly. This is determined by the treating doctor. It may include:

- Oral aperients
- Suppositories
- Enemas
- Bowel wash out
- Manual removal
- Digital Stimulation
- Anal Irrigation System

## DESIRED OUTCOME

- To maintain a quality and safe standard of services delivered
- To reduce confusion as to when it is appropriate to use trained support workers to administer bowel care to Clients in the community

# DEFINITIONS & SUPPORTING INFORMATION

**Support Worker** - A paid person who assists people to perform tasks of daily living so as to participate in social, family and community activities in the person's home and their community. Support Workers have been commonly known in the past as attendant care worker, disability worker, aged care worker, community worker, homecare worker, care worker or paid carer. The Support Worker is a paid person who has access to education, support and advice from the Service Provider line manager or team leader.

**Service Provider** - Organisation or person accountable for the delivery of supports to Clients.

**Carer** - a person that provides supports to the Client at no cost (generally family or friend).

**Support Worker Competency** - trained and assessed as competent by a Registered Nurse or a person deemed competent by the provider to safely and appropriately perform a specified task as a support worker.

**Medication** means any substance which is supplied by a pharmacist or doctor, or dispensed by a pharmacist on the prescription of a doctor, or supplied directly by the doctor, and has a label attached to it. The term also includes any over the counter medication or natural therapy products.

**Client** means the service user, participant, user, care recipient, consumer or person receiving the nursing or support services. As Client involvement and service direction has increased it is imperative to involve the client in all aspects of the service delivery and the direction of their services to their ability.

**Plan** means a Service Plan, Support Plan or Individual Plan (however titled – the plan) is a document developed in response to a request for service. It is developed by a Registered Nurse or a person deemed competent by the provider from the service provider, prior to the commencement of service delivery. It outlines the expected outcomes of the requested care/services and the tasks, duties and interventions required to meet the care and service needs of the client (within the parameters of the funding program). The plan guides and directs the individual support worker or Registered Nurse in their day-to-day delivery of the services.

**Registered Nurse** means a person who has completed the prescribed educational preparation, demonstrated competence for practice, and is registered and licensed with the Australian Health Practitioner Regulation Agency (AHPRA) as a Registered Nurse.

**Support Worker Competency** means a support worker who has been trained and assessed as competent by skilled registered nurse or a person deemed competent by the provider

**Digital Stimulation** Digital rectal stimulation can be performed by gently inserting a gloved lubricated finger to the middle joint of the finger through the anus into the rectum and slowly rotating the finger in a circular motion maintaining contact with the rectal mucosa.

**Anal irrigation system** is a medical device used to help empty the lower colon in clients who suffer from faecal incontinence, chronic constipation and/or need prolonged bowel cleansing procedures.

**Autonomic Dysreflexia** is a potentially dangerous clinical syndrome that develops in individuals with spinal injury, resulting in acute, sudden uncontrolled hypertension, Pounding headache, Bradycardia, Flushing, Blotching of skin above spinal cord injury level, Profuse sweating, Chills without fever, Nasal congestion, Blurred vision, Shortness of breath, Sense of apprehension or anxiety...

# GUIDELINE

## Service Provider

As a part of any community service or support delivered by support workers the service provider will:

- Assess the initial care needs with the client;
- Review the status of constipation (Saga et al., 2014);
- Determine the areas of bowel care that the support worker may attend;
- Develop plans with identified outcomes ;
- Provide written procedures on the provision of bowel care by the support worker - this may be included as part of the plan;
- Policies and procedures for bowel care should be clearly documented in the home and only changed by the doctor, registered nurse or person deemed competent by the provider;
- Identify education needs for support workers;
- Provide relevant competency-based training and assessment processes for the support workers to ensure they are competent to perform the prescribed duties, tasks and interventions;
- Monitor, review, evaluate and adapt as required the service, plans and outcomes with the involvement of the Client.

It is recommended wherever possible, that initial bowel care training should be provided by the discharging hospital or specialist in the area.

## Support workers

Support workers may:

- Perform any task on the plan apart from those that must be performed by a Registered Nurse

Support workers must:

- Complete competency training and assessment in the task by the service provider
- Follow the plan as provided by the service provider
- Report to their supervisor any changes or variations for advice
- Not change any plan
- Report any issues arising from the delivery of bowel care (such as: bowels not open, bleeding, constipation, diarrhoea, autonomic dysreflexia) to the service provider for further advice
- Identify and report to their supervisor any gaps in their ability to deliver the required service

Considerations for baseline Bowel Assessments and Review:

- Unexplained change in bowel habit
- Cramping
- Confusion and / or Delirium
- Fever
- Pain, including abdominal or lower back pain that is new or worsening
- Rectal bleeding or pain
- Presence of mucous/blood in stool
- Urinary incontinence that is new or worsening
- Urinary tract symptoms, such as pain or decreased flow<sup>1</sup>
- Anaemia
- Weight loss
- Autonomic hyperreflexia (may occur if the constipation occurs in client with a spinal injury / conditions such as Multiple Sclerosis)
- Presence of interstitial worms in the stool
- Severe diarrhoea (may cause acute dehydration)

Digital Rectal activities or administration of PR Medications are **NOT** to be provided to:

- Neutropenic or thrombocytopenic
- Clients who have had recent colorectal surgery or trauma
- Clients who are in the post-operative period following radical prostatectomy

## RESOURCE DOCUMENTS

- Government of Western Australia (2019) Bowel Management Clinical Standard. Accessed via: <https://www.wacountry.health.wa.gov.au/~media/WACHS/Documents/About-us/Policies/Bowel-Management-Clinical-Practice-Standard.pdf?thn=0>
- IMPACT. (2010) A guide to the management of constipation and faecal impaction in the older person NSW, Australia: IMPACT
- Coggrave, M., Burrows, D., and Durand, M.A. (2006) Progressive protocol in the bowel management of spinal cord injuries. *British Journal of Nursing* 15 (20) p1108-13.
- Merenda, L.A., and Hickey, K. (2005) Key elements of bladder and Bowel management for children with spinal cord injuries. *Science Nursing* 22 (1) p 8-14.
- Saga, S., Seim, A., Morkved, S., Norton, C., & Vinsnes, A. G. (2014). Bowel problem management among nursing home residents: a mixed methods study. *BMC Nurs*, 13(1), 35. <https://doi.org/10.1186/s12912-014-0035-9>