

COMPETENCIES

8 / 10

Communication

9 / 10

Critical Thinking & Decision Making

8 / 10

Accountability

6 / 10

Teamwork & Collaboration

6 / 10

Leadership

SCOPE

This guideline applies to the provision of paid support services in the community. They are relevant Australia-wide or when a client 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.

BACKGROUND

- This guideline provides clarity around the roles of the support worker, service provider and Registered Nurse in the delivery of catheter care in the community. This is important as clients in the community with a catheter used as part of their clinical care needs are at significant danger of acquiring a urinary tract infection and/or urethral trauma, although less so than in a hospital or facility.
- Urinary catheterisation is an intervention to enable emptying of the bladder by insertion of a catheter. The intervention is usually performed by healthcare staff (including Registered Nurses) in a variety of settings including acute care, primary care and long-term care.
- General principles of catheterisation and infection control apply to all clients; however, some people will have particular needs, e.g. children and clients with spinal injuries. Staff working with these groups of clients must familiarise themselves with their unique needs.

PURPOSE

This guideline is to assist:

- Service providers (organisations and individuals), clients, stakeholders and funders regarding safe and acceptable catheter care in the community.

DESIRED OUTCOME

- To maintain a quality and safe standard of care;
- To reduce confusion as to when it is appropriate to use trained support workers to provide catheter care to clients in the community;
- To ensure safe elimination of urine;
- To avoid infection;
- Minimise psychological trauma to clients undergoing or have a catheter insitu;
- Ensure those involved in catheter management are suitably competent.

- Furthermore, 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. It is further acknowledged that dignity of risk is an important part of this choice and control.

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.

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.

Client means the service user, participant, user, care recipient, consumer or person receiving the nursing or support services.

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.

Catheter means a medical term for a flexible or rigid hollow tube used to drain fluids from body cavities or to distend body passages, especially one for passing into the bladder through the urethra or abdomen to draw off urine. There are many types of catheters including:

- Indwelling Catheter
- Suprapubic Catheter
- In/out catheter
- Uridome/Urisheath

Competent means having been trained and assessed by a Registered Nurse or Enrolled Nurse or approved assessor as competent to safely and appropriately perform a specified task.

Infection Control means infection prevention and control measures aim to ensure the protection of those who might be vulnerable to acquiring an infection both in the general community and while receiving care due to health problems, in a range of settings. The basic principle of infection prevention and control is hygiene.

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.

GUIDELINE

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

- Assess initial care needs with the client. Also consider the psychological needs and engage the client to access specialist help/advice (if necessary);
- Determine the specific areas of catheter care that the support worker may attend;
- Develop plans with identified outcomes and defined scope of practice, including escalation considerations;
- Provide written procedures on the provision of catheter care and infection control by the support worker – this may be included as part of the plan;
- The plan for catheter care should be clearly documented in the home and only changed by the doctor or a Registered Nurse and access to policies and procedures be made available to support workers;
- Identify education needs for support workers. Provide relevant competency-based education and assessment processes for the support worker/s to ensure they are competent to perform the prescribed duties, tasks and interventions;
- Staff engaged in catheter management must be familiar and observant for signs of; wound infections, urinary tract infections, urinary retention, adequate urinary output and delirium;
- When an in/out Catheterisation is required, the provider must ensure that the support worker has the training and competency relevant to the sex of the person;
- Monitor, review, evaluate and adapt as required the service, plans and outcomes with the involvement of the client; and
- It is highly recommended that support worker duties be delivered under the direction and supervision of a Registered Nurse.

Registered nurse is required to:

- Change a suprapubic catheter
- Change an indwelling catheter

Support workers may NOT:

- Perform any duties that must be attended to by a Registered Nurse (as outlined above)

Support workers may:

- Perform any task on the plan, apart from those that must be performed by a Registered Nurse (or other suitably assessed person), after having completed competency training and being signed off as competent in the task by the service provider. Examples include:
- Do in/out catheterisation (often used with children)
 - Empty drainage bag
 - Change drainage bag
 - Clean catheter site
 - Ensure no obvious kinks in catheter
 - Observe and report:
 - If urine not clear
 - If urine has unusual odour
 - If debris in urine
 - If output reduced
 - If catheter site red
 - Signs of delirium / confusion

Support workers must:

- Follow the plan as provided by the service provider, as developed by Registered Nurse or Medical Practitioner;
- Report to their supervisor / Registered Nurse of any changes or variations for advice;
- Not change the plan;
- Identify, and report to their supervisor, any gaps in their ability to deliver the required service including difficulties in completing the tasks within the allocated time

Practice Guidelines for Catheter Management (Andrade & Fernandes, 2016; Flores-Mireles et al., 2019; Hooton et al., 2010; Kinnear et al., 2020; Mangal et al., 2021; Mody et al., 2017; Pajerski et al., 2022; Snyder et al., 2021):

- Limit unnecessary catheterisation;
- Remove as soon as they are no longer required as determined by Medical and / or Registered Nurse advice;
- A clean technique may be considered for intermittent catheterisations. Aseptic technique is required for catheter insertions and removals.
- Regular auditing of catheter practices and complications is recommended;
- Regular competency based education on catheter management is required; and
- Clients and carers should be actively engaged in the decision making and monitoring of catheter care.

RESOURCE DOCUMENTS

- ACIA 002 - Provision of Paid Support and Nursing in the Community
- Australian and New Zealand Urological Nurses Society (2006) Catheter Care Guidelines.
- Andrade, V. L., & Fernandes, F. A. (2016). Prevention of catheter-associated urinary tract infection: implementation strategies of international guidelines. *Rev Lat Am Enfermagem*, 24, e2678. <https://doi.org/10.1590/1518-8345.0963.2678>
- Flores-Mireles, A., Hreha, T. N., & Hunstad, D. A. (2019). Pathophysiology, Treatment, and Prevention of Catheter-Associated Urinary Tract Infection. *Top Spinal Cord Inj Rehabil*, 25(3), 228-240. <https://doi.org/10.1310/sci2503-228>
- Hooton, T. M., Bradley, S. F., Cardenas, D. D., Colgan, R., Geerlings, S. E., Rice, J. C., Saint, S., Schaeffer, A. J., Tambayh, P. A., Tenke, P., Nicolle, L. E., & Infectious Diseases Society of, A. (2010). Diagnosis, prevention, and treatment of catheter-associated urinary tract infection in adults: 2009 International Clinical Practice Guidelines from the Infectious Diseases Society of America. *Clin Infect Dis*, 50(5), 625-663. <https://doi.org/10.1086/650482>
- Kinnear, N., Barnett, D., O'Callaghan, M., Horsell, K., Gani, J., & Hennessey, D. (2020). The impact of catheter-based bladder drainage method on urinary tract infection risk in spinal cord injury and neurogenic bladder: A systematic review. *NeuroUrol Urodyn*, 39(2), 854-862. <https://doi.org/10.1002/nau.24253>
- Mangal, S., Pho, A., Arcia, A., & Carter, E. (2021). Patient and Family Engagement in Catheter-Associated Urinary Tract Infection (CAUTI) Prevention: A Systematic Review. *Jt Comm J Qual Patient Saf*, 47(9), 591-603. <https://doi.org/10.1016/j.jcjq.2021.05.009>
- Mody, L., Greene, M. T., Meddings, J., Krein, S. L., McNamara, S. E., Trautner, B. W., Ratz, D., Stone, N. D., Min, L., Schweon, S. J., Rolle, A. J., Olmsted, R. N., Burwen, D. R., Battles, J., Edson, B., & Saint, S. (2017). A National Implementation Project to Prevent Catheter-Associated Urinary Tract Infection in Nursing Home Residents. *JAMA Intern Med*, 177(8), 1154-1162. <https://doi.org/10.1001/jamainternmed.2017.1689>
- Pajerski, D. M., Harlan, M. D., Ren, D., & Tuite, P. K. (2022). A Clinical Nurse Specialist-Led Initiative to Reduce Catheter-Associated Urinary Tract Infection Rates Using a Best Practice Guideline. *Clin Nurse Spec*, 36(1), 20-28. <https://doi.org/10.1097/NUR.0000000000000643>
- Snyder, R. L., White, K. A., Glowicz, J. B., Novosad, S. A., Soda, E. A., Hsu, S., Kuhar, D. T., & Cochran, R. L. (2021). Gaps in infection prevention practices for catheter-associated urinary tract infections and central line-associated bloodstream infections as identified by the Targeted Assessment for Prevention Strategy. *Am J Infect Control*, 49(7), 874-878. <https://doi.org/10.1016/j.ajic.2021.01.014>