POL – 6.4 Complex Bowel Management

1. Purpose

Accommodation and Care Solutions (hereafter referred to as ACARES) has developed this policy to ensure that service users receive appropriate care with consideration to their privacy, dignity and personal safety through the provision of complex bowel management.

This policy aims to further ensure that care is provided in a manner that is proportionate to the needs of the user and limits the clinical risks.

2. References

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<tr>
<th>Reference</th>
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<tr>
<td>Victorian Spinal Cord Service</td>
<td>Bowel Management Guidelines for Community Carers</td>
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<td>ACI Health</td>
<td>Management of the neurogenic bowel for adults with SCI</td>
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<td>National Disability Insurance Scheme Act 2013</td>
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<td>Australian Community Industry Standards 2018</td>
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<td>NDIS (Provider Registration and Practice Standards) Rules 2018</td>
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<td>NDIS (Quality Indicators) Guidelines 2018</td>
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<td>POL – 3.1</td>
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3. Responsibilities

The role of the support worker
Support workers at ACARES may be required to support a person with requires complex bowel management. The requirements of this role will be clearly documented in a bowel management plan that has been developed and is overseen by an external health practitioner.

Service Provider
ACARES will ensure that the support worker has the relevant knowledge and has received client specific training in order to safely support the service user in the community.

Health Practitioner
Each service user, where able, will be involved in the assessment and development of a complex bowel management plan in conjunction with an appropriately qualified
health practitioner. Health practitioners may include; a Registered Nurse, Clinical Nurse Consultant, Pharmacist, General Practitioner, Medical Specialist deemed competent by training. All client specific training will be delivered by an appropriately qualified practitioner.

4. Process

Whilst bowel care is a routine part of a support workers role when providing personal care to the service user, it requires a different level of support when the service user has been assessed as ‘at risk’ of faecal incontinence or severe constipation.

Examples in the community are service users who require non-routine treatment such as PRN medications for their bowel care, some ABI service users and spinal injuries.

Each service users bowel program should be individualized to manage their specific management for bowel emptying e.g. digital ano-rectal stimulation, abdominal massage and rectal irrigation.

The main goals in bowel management include:

- Self-management of regular and predictable bowel emptying at a socially acceptable time and place
- Using a minimum of physical and pharmacological interventions to achieve complete bowel emptying within an acceptable timeframe
- The prevention of bowel accidents, constipation, autonomic dysreflexia and other complications

4.1 Assessment, Plan Development and Review

In the event that a service user requires complex bowel management, they must undergo an assessment with an appropriately qualified health practitioner. The health practitioner must develop a bowel management plan, in consultation with the service user, that can be utilized by ACARES staff to guide support.

The bowel management plan must also include an Action Plan to address any incident or emergency in relation to the bowel e.g. constipation, dysreflexia, rectal bleeding, perforation and when to refer to a health practitioner e.g. infection, impaction, overflow and changes in bowel habits. The Action Plan must also identify a clear path for the escalation of any incident or emergency in a timely manner.

This bowel management plan will continue to be overseen by a health professional. The regularity of plan reviews is at the discretion of the health professional and will be supported by ACARES.

Any changes in the service users’ needs, including any incidents or emergencies, will
require a plan review.

4.2 Training of Support Staff
ACARES requires client specific training to be completed by all support workers supporting service users requiring complex bowel management. Training will relate specifically to the service users’ needs, type of bowel management and cover any specific support requirements the service user may require. Training shall also cover how to manage all incidents.

Training plans will be developed and delivered by an appropriately qualified health practitioner or person that ACARES deems has the high skills set relevant to the service users specific care needs.

Training plans must also allow for the provision of on-going training support.

4.3 Risk Management
Both the training plan and the management support plan will include the identification of risks including actions and escalations. This will include both ACARES internal reporting and identified reporting requirements within the service users’ treating team.

Training and management support plans will detail how to manage a related incident, including the development of an emergency management plan covering emergencies such as constipation, rectal bleeding, perforation, infections or autonomic dysreflexia.

All incidents will be recorded and reported as per ACARES POL-3.1 Incident-Accident Policy.

4.4 Specific Services
The following services may be drawn upon by ACARES to assist in the appropriate management and support of service users requiring complex bowel management:

• Local community health nurse
• Local continence advisors
• National continence helpline
• Spinal outreach service (NSW)
• Victorian Spinal Cord Service (Vic)
• Spinal Cord Injuries Australia (NSW, ACT, QLD, SA)

5. Document Review

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