Cheshire and Wirral Partnership NHS
NHS Foundation Trust

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Policy on the provision of disposable continence products for adults

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Type of document	Policy
Target audience	All community staff
Document purpose	This policy outlines the continence assessment process, provision and delivery of disposable continence products for adults

Approving meeting	West Locality Governance and Risk Meeting	Date 17-Feb-17
Implementation date	March 2017	

CWP documents to be read in conjunction with	
CP3	Health records policy
HS1	Waste management policy
IC2	Hand decontamination policy and procedure
IC3	Standard Infection Control Precaution Policy
F-CASDI-13-442	Delivery information leaflet, CWP Continence/Urology Service

Document change history	
What is different?	N/A - New policy
Appendices / electronic forms	N/A - New policy
What is the impact of change?	N/A - New policy

Training requirements	Yes - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Learning and Development (L&D)

Document consultation	
East locality	N/A
Wirral locality	N/A
West locality	Continence Nursing Staff, Janet Durrans (Clinical Service Manager)
Corporate services	N/A
External agencies	N/A

Financial resource implications	Policy has been developed to support patients in view of the cessation of provision of light incontinence products.

External references

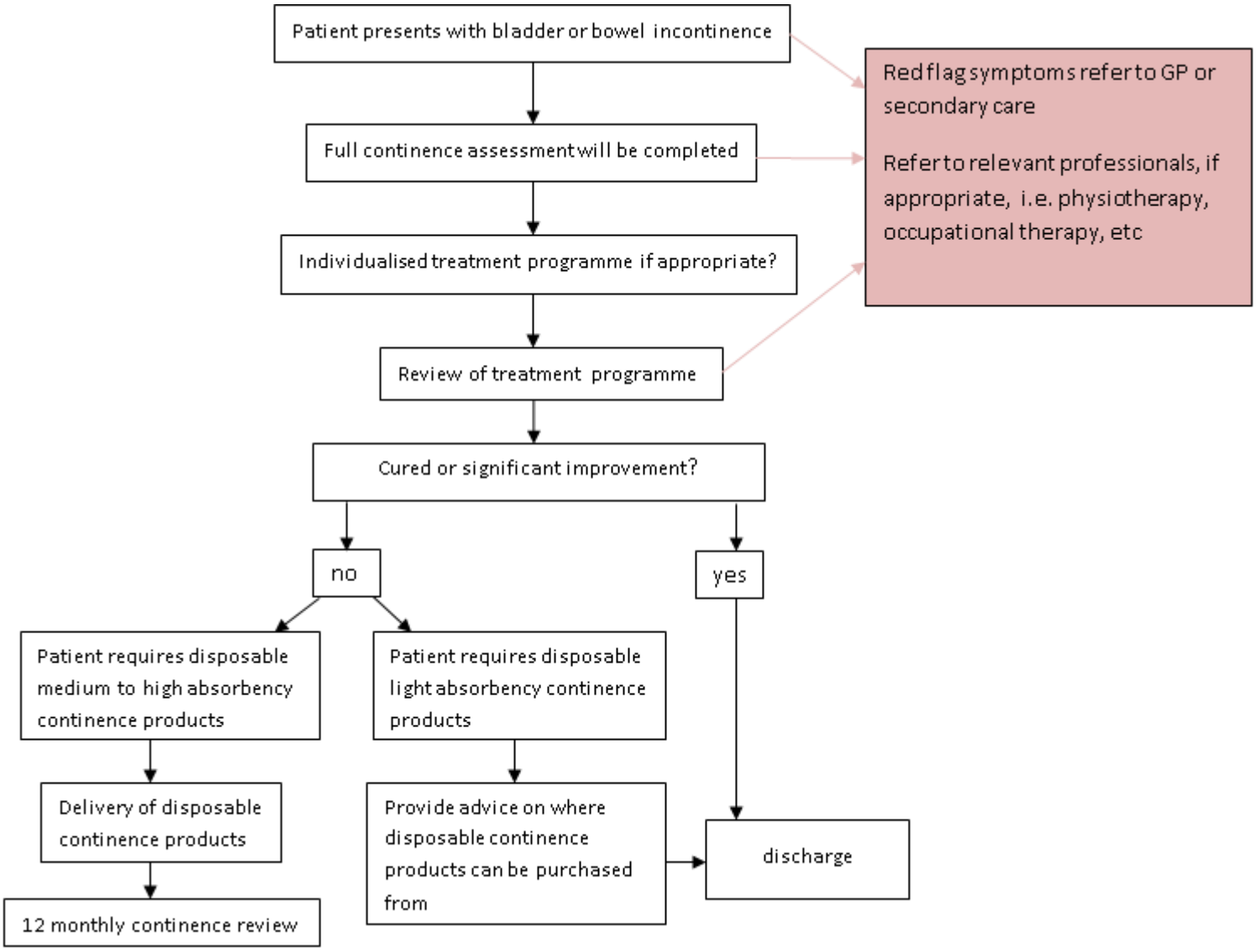
1. National Institute for Health and Care excellence (NICE). Faecal incontinence in adults: management. Clinical guideline CG 49. 2007 June.
2. National Institute for Health and Care excellence (NICE). Clinical guideline CG 97 Lower urinary tract symptoms in men: management. 2015a June.

3. National Institute for Health and Care excellence (NICE). Clinical guideline CG 171 Urinary incontinence in women: management. 2015b November.

Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	
- Gender	No	
- Culture	No	
- Religion or belief	No	
- Sexual orientation including lesbian, gay and bisexual people	No	
- Age	No	
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? Select		
Is the impact of the document likely to be negative? - If so can the impact be avoided? - What alternatives are there to achieving the document without the impact? - Can we reduce the impact by taking different action?	No N/A N/A N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted. If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.		
Was a full impact assessment required?	No	
What is the level of impact?	Low	

Contents

Quick reference flowchart



1. Introduction

This policy outlines the continence assessment process and provision of disposable continence products for adults.

Prompt, high quality, comprehensive continence services are an essential part of the NHS.

Continence services should have an emphasis on prevention and cure rather than containment. This is underpinned by evidence-based practice (NICE 2007, NICE 2015a, NICE 2015b), ensuring that the clinical governance framework for continually improving quality and safeguarding standards is taken into account.

2. Definitions

The policy has been devised for use by community health care professionals within Cheshire and Wirral Partnership to provide guidance for:-

Registered Nurses in:

- Carrying out a continence assessment and review;
- Implementation and evaluation of treatment programmes
- Initiating or altering disposable continence products if clinically required
- The delegation and supervision of a continence review to Assistant Practitioners and band 3 Health Care Assistants who have attended a continence promotion training.

Assistant Practitioners and Band 3 Health Care Assistants in:

- Carrying out a continence review
- Review treatment programmes
- Altering disposable continence products if clinically required

3. Assessment, diagnostic tools and treatment programmes

A full continence/urology assessment of the individual and their requirements needs to be carried out by a Registered Nurse, to determine the most appropriate treatment programme.

Patients who are housebound, will be seen in their own home environment. Patients who are not housebound, will be seen in a clinic setting.

Factors that need to be considered during a continence/urology assessment (NICE 2007, NICE 2015)

- Medical and surgical history;
- Any known allergies;
- Medication
- Bladder and bowel symptoms
- Awareness of any possible red flags that require a referral to the GP or secondary care
- Home / social environment;
- Quality of life

Following assessment, where clinically indicated some or all the following investigations/tests might be required to aid the diagnosis of the presented bladder and/or bowel symptoms (NICE 2007, NICE 2015a, Nice 2015b):

- 3 day bladder diary
- Bowel diary
- Food diary
- Urinalysis
- Bladder scan
- Uroflow
- Abdominal, vaginal or rectal examination

Depending on the results of the assessment, the following treatment programmes might be indicated (NICE 2007, NICE 2015a, Nice 2015b):

- Lifestyle advice, i.e. toileting programme, drinking programme, dietary advice, bowel management programme,
- Pelvic floor exercises, biofeedback,
- Medication
- Anal irrigation, anal plugs
- Bladder stimulator

If the above programmes are not effective or clinically not appropriate, consider the following continence aids:

- Urinal, bedpan
- Appliances, i.e. Actibrief, Afex, penile pouch, sheath
- Intermittent or indwelling catheterisation
- Disposable continence products

4. Provision of disposable continence products

Following a full continence assessment, disposable continence products will only be provided as per agreed CWP formulary to those patients with intractable incontinence, where treatment programmes were not effective or appropriate, i.e. terminally ill patients.

4.1 Patients requiring disposable continence product for light incontinence

Patients with light urinary incontinence will **not** be provided with disposable or washable continence products by the Continence Service. The patient will be expected to supply their own.

- Light incontinence products are defined as products with a working absorbency of up to 300mls.

Light absorbency continence products can be purchased from chemists, supermarkets, online retailers, charitable organisations.

Disposable procedure sheets are **not** provided by the Continence Service.

4.2 Disposable continence products for moderate to severe incontinence

Disposable continence products can be provided to patients requiring medium to high absorbency continence products.

Medium absorbency incontinence products are defined as products with a working absorbency ranging from 400mls to 600mls.

High absorbency incontinence products are defined as products with a working absorbency ranging from 700mls to up to +1000ml.

Depending on their clinical need up to a maximum of 4 disposable continence products per 24 hours can be provided. In cases of exceptional needs, please contact the Continence Service who will advise accordingly.

A disposable continence product with no adhesive strip can be worn with ordinary close fitted underwear. Alternatively, if clinically indicated 3 pairs of fixation pants could be supplied every 12 months.

If a patient is allergic to a specific disposable continence products, the Continence Service needs to be contacted.

5. Delivery of continence containments products
Patients will receive a delivery information leaflet notifying them of their first delivery date.

Disposable continence products are normally delivered on a 16-24 week cycle depending on the type and volume of products. With the delivery the patient will receive a written notification of their next scheduled delivery date.

When the patient or their carer receives a delivery of disposable continence products, it is their responsibility to:

- Telephone to the Continence Service at least two weeks before their next delivery date to activate their next order. If patients do not contact the service, they will not receive their delivery on their due date and will have to purchase their own products until a delivery can be made.
- Ensure they are available to take receipt of their products. If this is not possible, it is the responsibility of the patient or their carer to inform the continence service to reschedule the delivery or to advise of an alternative delivery address or any special delivery instructions.
- Check that their delivery is correct and to inform the Continence Service if they received the wrong/damaged products or incorrect amount within 3 working days. If the Continence Service is notified after this period, the Continence Service will be unable to correct the order. This will result in patients having to purchase their own products untill the next scheduled delivery.
- Notify the Continence Service of relevant changes i.e. change of address, telephone number, GP, hospital admission for several weeks,…
- Ensure that no products are passed on to other individuals due to risk of infection and possible inappropriate clinical use.
- Contact the Continence Service if they notice a product might be faulty, so the Continence Service can notify the manufacturer.
- Inform the District Nurses (if housebound) or the Continence Service if the disposable continence products are not meeting their needs.

Cheshire and Wirral Partnership (CWP) **will not be responsible** for loss or damage to the pads once delivered.

Products may be subject to change. All attempts will be made to ensure minimum disruption and that products are of a similar type and absorbency.

6. Reassessment of continence needs
All patients receiving continence products require a review by either or a Registered Nurse or a Health Care Assistant (who has received the relevant training / support and has been deemed competent to perform this task) on a 12 monthly basis to review their products.

Patients or their carers can request a reassessment for a change in continence needs at any time.

7. Bufferstock
All community team bases will have an allocated agreed buffer stock of continence products. This stock is only to be used for acute short-term situations e.g. terminally patients.
Please note: buffer stock should not be given to patients who are awaiting a full continence assessment and products should not be given out to trial, as all products prescribed should be based on the nurse's clinical judgement.