DC 19

Infection. Prevention. Control.
You're in safe hands

NHS

URINARY CATHETER CARE

Community Infection Prevention and Control Policy for Domiciliary Care staff

Urinary catheter care

Version 1.00
January 2020

DC 19

URINARY CATHETER CARE

Please note that the internet version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

This Policy has been adopted by:

Organisation: ..... …

Signed: .....

Job Title: .....

Date Adopted: .....

Review Date: .....

If your organisation would like to exclude or include any additional points to this Policy, please include below. Please note, the Community IPC Team cannot endorse or be held responsible for any addendums.

Community Infection Prevention and Control
Harrogate and District NHS Foundation Trust
Gibraltar House, Thurston Road
Northallerton, North Yorkshire. DL6 2NA
Tel: 01423 557340
email: infectionprevention.control@nhs.net
www.infectionpreventioncontrol.co.uk

URINARY CATHETER CARE

Contents Page

URINARY CATHETER CARE

1. Introduction

A urinary catheter is a thin flexible hollow tube that drains urine from the bladder into a drainage bag and is a closed system. The catheter is inserted into the bladder either through the urethra (genital area) or through a small hole made in the abdomen (suprapubic). The catheter is held in place by a small balloon filled with sterile water. Each time a break is made in the closed system, e.g. changing a catheter bag, it is the opportunity for infection to be introduced. Good infection control practices are essential to prevent infection.

Domiciliary care staff looking after service users with a catheter need to have an understanding of the importance of the correct management of these devices.

2. Urinary tract infections

At least 23% of **all** infections are due to a urinary tract infection (UTI) and of those, 80% are due to the use of urinary catheters. All people with a urinary catheter are at increased risk of acquiring a UTI and the longer a catheter is in place, the greater the risk. The need for a urinary catheter will be reviewed on a regular basis by a practitioner, e.g. District Nurse, GP.

The risk of getting a catheter associated UTI (CAUTI) is associated with the:

- Method of catheterisation
- Length of time the catheter has been in place
- Quality of catheter care
- Service users susceptibility to infection
- Unnecessary emptying of catheter drainage bags
- Unnecessary changing of catheter drainage bags
- Unnecessary taking of urine samples

3. Signs and symptoms of UTI

In a service user **with** a urinary catheter, a CAUTI is likely if the service user has one or more of the following symptoms:

- Shivering, chills, or a temperature less than 36^{o}C or above 38^{o}C
- New pain or tenderness in the flanks or lower back

- New or worsening confusion/agitation, drowsiness

Offensive smelling or cloudy urine is not a symptom of CAUTI.

4. Catheter insertion

Catheter insertion will be undertaken by a practitioner who has received training in the procedure and is deemed to be competent, e.g. District Nurse, GP.

5. Catheter care

- Use a catheter fixation device to reduce the risk of damage to the urethra/bladder by the catheter/catheter drainage bag being pulled.
- If the catheter is blocked or bypassing, contact the service user's GP.

6. Catheter hygiene

Routine personal hygiene is all that is required to maintain catheter hygiene such as a daily bath, shower or wash.

- Staff should apply standard infection control precautions, e.g. wear a disposable apron and gloves when providing catheter care.
- Before putting on and after removing gloves, staff should wash hands thoroughly and dry using paper towels. If none are available, the use of kitchen roll or a clean linen towel for use by the carer only and laundered daily is acceptable. Alternatively, alcohol handrub can be applied unless hands are visibly soiled or the service user has *Clostridioides difficile* or other diarrhoea.
- When assisting bathing, showering or washing, ensure the genital area is washed with soap and warm water and the external catheter tube is cleaned in a direction away from the body. Rinse to remove any soap and dry.
- For females, it is important to wash the genital area from front to back to prevent contamination from the back passage (rectum).
- The genital area and external catheter tube should also be washed, rinsed and dried following any incontinent bowel movement.
- Towels used to dry the genital area and catheter tube should be laundered after each use.

7. Catheter bags

- Catheter drainage bags may be body-worn, i.e. leg bag or free standing.
- For mobile service users, a leg bag should always be used, held in place with a strap to reduce the risk of damage to the urethra/bladder by the catheter/catheter drainage bag being pulled.
- Position the urine drainage bag below the level of the bladder to allow good drainage. Incorrect positioning, even for a short time, is linked to back flow (urine in the tube or bag flowing back into the bladder) and higher rates of infection.
- The catheter closed drainage system should only be opened for the connection of a new bag, as per manufacturer's instructions – usually weekly. More frequent changes always increase the risk of infection.
- Maintenance of a closed system is essential to prevent infection.
- Single use 2 litre night bags should be added for overnight drainage in service users with leg bag systems (see Section 10).
- Catheter bags must be kept off the floor (attach to a stand).

8. Emptying a catheter bag

A catheter drainage bag should **not** be emptied more often than necessary as this increases the risk of infection. However, the bag must be emptied before it becomes completely full, e.g. 2/3rds full, to avoid back flow of urine into the bladder.

- Where possible, educate and encourage the service user to empty their own drainage bag, ensuring their hands are washed before and after emptying.
- Staff should apply standard infection control precautions, e.g. wear a disposable apron and gloves, when emptying a catheter bag.
- Before putting on gloves, staff should wash hands thoroughly and dry using paper towels. If none are available, the use of kitchen roll or a clean linen towel for use by the carer only and laundered daily is acceptable. Alternatively, alcohol handrub can be applied unless hands are visibly soiled or the service user has *Clostridioides difficile* or other diarrhoea.
- A separate clean container should be used to empty the urine into.
- Empty the bag into the container by releasing the drainage tap.
- Avoid contact between the urine drainage bag tap and the container to prevent contamination and infection.
- To prevent drips, a clean tissue should be used to wipe the tap after

closing the tap.

- Urine should be disposed of into the toilet.
- After each use, the container should be washed with detergent and warm water and dried with disposable paper towels, e.g. kitchen roll.
- Remove disposable gloves and apron and wash hands.

9. Changing a catheter bag

Catheter bags, including leg bags, should be changed according to the manufacturer's instructions – usually weekly. Each change should be documented in the service user's notes.

- Staff should apply standard infection control precautions, e.g. wear a disposable apron and gloves, when changing a catheter bag.
- Before putting on gloves, staff should wash hands thoroughly and dry using paper towels. If none are available, the use of kitchen roll or a clean linen towel for use by the carer only and laundered daily is acceptable. Alternatively, alcohol handrub can be applied unless hands are visibly soiled or the service user has *Clostridioides difficile* or other diarrhoea.
- When detaching the used bag from the catheter, do not touch the end of the catheter. This will help prevent contamination and infection.
- When removing the protective cap from the new catheter bag tube, do not touch the end of the tube. This will help prevent contamination and infection.
- Place the used catheter bag in a plastic bag, tie the bag and dispose of as household waste.
- Remove disposable gloves and apron and wash hands.
- Always record the date when the catheter bag is changed.

Catheter valves are sometimes used for service users with urological conditions as an alternative to a leg bag. They need to be changed every 5-7 days as per manufacturer's instructions and as advised by a practitioner, e.g. District Nurse, GP.

10. Overnight drainage bags

If a person has a leg bag during the day, an additional larger linked drainage bag (night bag) should be used for overnight use. The night bag should be attached to the leg bag to keep the original system intact.

- Overnight drainage bags connected to a leg bag should be single use. The washing out/reuse of bags is unacceptable practice.

- Staff should apply standard infection control precautions, e.g. wear a disposable apron and gloves, when attaching a catheter night bag.
- Before putting on gloves, staff should wash hands thoroughly and dry using paper towels. If none are available, the use of kitchen roll or a clean linen towel for use by the carer only and laundered daily is acceptable. Alternatively, alcohol handrub can be applied unless hands are visibly soiled or the service user has *Clostridioides difficile* or other diarrhoea.
- When removing the protective cap from the new night bag tube, to prevent contamination and infection, do not touch the end before attaching it to the drainage tap on the leg bag.
- Attach the night bag to a stand to ensure that the drainage tap is not touching the floor, to prevent contamination of the tap.
- Remove disposable gloves and apron and wash hands.

11. Catheter specimen of urine

A routine catheter specimen of urine (CSU) is **not** necessary from catheterised service users. A specimen should only be obtained:

- If there are symptoms of a CAUTI (see Section 3)
- Following catheterisation for retention of urine
- Staff should apply standard infection control precautions, e.g. wear a disposable apron and gloves, when collecting a CSU
- Samples must be obtained from the self-sealing sampling port of the drainage tubing, not from the drainage bag. **Never** collect a sample of urine from the drainage bag as this does not represent the micro-organisms in the bladder and could lead to over prescribing of antibiotics
- **Never** disconnect the closed system to obtain a urine specimen
- Wash and dry hands, wear disposable apron and gloves, clean the sampling port with a 2% chlorhexidine in 70% alcohol wipe and allow to dry. Use a sterile syringe to access the sampling port and obtain specimen
- Transfer the specimen into a universal container containing boric acid preservative (red top). If the sample is less than 5 ml, a white top universal container must be used as the preservative in the red topped bottle will be too potent for a urine sample of less than 5 ml and may kill off any micro-organisms
- Wipe the sampling port again with a 2% chlorhexidine in 70% alcohol swab and allow to dry
- Dispose of the empty syringe
- Remove personal protective equipment and wash hands

- Label the specimen container which should be taken to the GP Practice as soon as possible

12. Suprapubic catheters

Suprapubic catheters are urinary catheters inserted directly into the bladder through a small hole made in the abdomen, instead of the urethra.

Catheter management The main principles of care and management of the suprapubic catheter are similar to for those of the urethral catheter. Prevention of infection is the primary aim	• Aseptic technique should be used when cleaning the insertion site until the site has healed (7-10 days). This will be performed by the District Nurse • A sterile dry dressing may be required for the first 24/48 hours after initial insertion • When the insertion site has healed, the site and catheter can be cleaned daily using a clean cloth, soap and warm water • The catheter, as it emerges, must be supported at right angles to the abdomen. Clothing must, therefore, not be too tight
Drainage system	As for urethral catheter, although a holster appliance may be more comfortable

13. Documentation

Service user's notes
Details of catheter care should be documented in the service user's notes.

Urinary Catheter Passport
In some areas of the country, a 'Urinary Catheter Passport' is issued when a person has had a urinary catheter inserted.

- The use of Urinary Catheter Passport helps to provide continuity of care between health and social care providers in both community and hospital settings.
- The Passport is given to the person to show at any GP or hospital appointments and GP or District Nurse home visits.

14. Infection Prevention and Control resources, education and training

The Community Infection Prevention and Control (IPC) Team have produced a wide range of innovative educational and IPC resources designed to assist Domiciliary Care in achieving compliance with the *Health and Social Care Act 2008*: *Code of Practice on the prevention and control of infections and related guidance* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

- IPC Policy documents for Domiciliary Care staff
- 'Preventing Infection Workbook: Guidance for staff providing Care at Home'
- IPC audit tools, posters, leaflets and factsheets
- 'IPC Bulletin for Domiciliary Care staff'

In addition, we hold educational study events in North Yorkshire and can arrange bespoke training packages. Prices vary depending on your requirements and location.

Further information on these high quality evidence-based resources is available at www.infectionpreventioncontrol.co.uk.

15. References

Department of Health (2015) *The Health and Social Act 2008: Code of Practice for the Prevention and control of healthcare associated infections*

Department of Health (2007) *Essential Steps to Safe Clean Care Reducing healthcare-associated infections in Primary care trusts; Mental health trusts; Learning disability organisations; independent healthcare; Care homes; Hospices; GP practices and Ambulance services*

Department of Health (2003) *The national plan requiring action to reduce Healthcare associated infections*

European Association of Urology (2012) *Nurses Evidence-based Guidelines for Best Practice in Urological Health Care Catheterisation Indwelling catheters in adults Urethral and Suprapubic*

Ford J, Hughes G and Phillips P (January 2014) *Literature review of silver-coated urinary catheters – draft (SMTL)*

Loveday HP et al (2014) Epic 3: National Evidence Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England *Journal of Hospital Infection 86S1 (2014) S1-S70*

National Institute for Health and Care Excellence (2012, updated 2017) *Healthcare-associated infections: prevention and control in primary and community care Clinical Guideline 139*

Oxford Academic Health Science Network Patient Safety *Reducing UTIs through hydration*

Royal College of Nursing (2019) *Catheter Care RCN guidance for Health Care Professionals*

Royal Marsden NHS Foundation Trust (2015) *The Royal Marsden Hospital Manual of Clinical Nursing Procedure 9th Edition*