



Community Infection Prevention and Control Policy for Domiciliary Care staff

Urinary catheter care

URINARY CATHETER CARE

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Adoption Date:

Review Date:

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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). It is held in place by a small balloon filled with sterile water. Each time the closed system is broken, e.g. changing catheter bags, it is an opportunity for infection to be introduced. This Policy sets out the practices required to reduce the infection risks involved with catheter use.

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

Always use 'Standard infection control precautions' (SICPs) and, when required, 'Transmission based precautions' (TBPs), refer to the 'SICPs and TBPs Policy'.

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 by a healthcare practitioner, e.g. District Nurse, GP.

The risk of getting a catheter associated UTI (CAUTI) is influenced by many factors, including:

- Method of catheterisation, e.g. urethral or suprapubic insertion
- Length of time the catheter has been in place
- Quality of catheter care
- Service user's susceptibility to infection
- Excessive emptying of catheter drainage bags
- Excessive changing of catheter drainage bags
- Excessive taking of urine samples

3. Signs and symptoms of CAUTI

In a service user with a urinary catheter, a CAUTI is likely if the service user has 2 or more of the following:

- History/presence of fever (temperature 1.5°C above normal twice in the last 12 hours) or rigors (shivering, chills)
- New pain or tenderness in the lower back or abdomen
- New or worsening delirium/debility (new onset confusion)
- Visible haematuria (blood in urine)

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

It is important to check the catheter for blockage and report any concerns to the service user's GP or healthcare professional.

4. Catheter insertion

Catheter insertion will be undertaken by a healthcare professional, e.g. District Nurse, GP. However, some service users will have been taught to catheterise themselves by inserting a catheter into their bladder several times a day, this is called intermittent self-catheterisation. If the service user becomes unable to perform this procedure, contact their healthcare practitioner.

5. Catheter care

- Use a catheter fixation device or strap and two leg bag straps to prevent pulling and damage to the urethra.
- Move the catheter fixation device daily, from leg to leg, to avoid pressure damage to the skin and bladder opening.
- Inspect the urethral opening daily for signs of pressure damage and if any damage noted, record in the service user's records and inform the service user's GP or Nurse.
- If the catheter is blocked or urine is bypassing the catheter, contact the service user's healthcare professional.
- When disposing of catheter care waste, refer to the 'Safe disposal of waste, including sharps Policy'.

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 always wear appropriate personal protective equipment (PPE), e.g. disposable apron and gloves, when providing catheter care.
- Before putting on and after removing PPE, 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 *C. difficile* or a vomiting or diarrhoeal illness.

- When assisting with bathing, showering, or washing, ensure the genital area is washed with mild 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, wash the genital area from front to back to prevent contamination from the anal area. For males, retract and wash under the foreskin (unless circumcised), dry the area thoroughly and ensure the foreskin is replaced.
- The genital area and external catheter tube should also be washed, rinsed and dried following any faecal incontinence.
- Towels used to dry the genital area and catheter tube should be laundered after each use.

7. Catheter bags

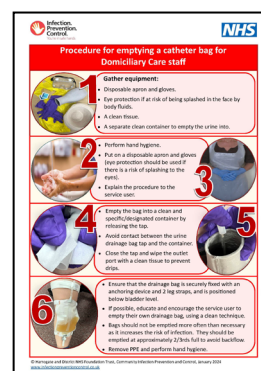
- Catheter drainage bags may be free standing, but in Domiciliary Care settings are most likely to be body-worn, i.e. leg bags.
- A leg bag should always be held in place with a fixation device or strap and two leg bag straps, to reduce the risk of damage to the urethra/bladder by the catheter/catheter drainage bag being pulled.
- Position the catheter drainage bag below the level of the bladder. 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.
- Maintenance of a closed system is essential to prevent 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 increase the risk of infection.
- For service users with leg bag systems, single use night bags should be added for overnight drainage (see Section 10).
- Catheter bags must be kept off the floor (attach to a stand/hanger).
- When disposing of catheter bags, refer to the 'Safe disposal of waste, including sharps Policy'.

8. Emptying a catheter leg bag

A catheter drainage bag should **not** be emptied more often than necessary as

this increases the risk of infection. However, leg bags must be emptied at approximately 2/3rds full to avoid back flow of urine into the bladder.

- Where possible, educate and encourage the service user to empty their own leg bag, ensuring their hands are washed before and after emptying.
- Staff should always wear appropriate PPE, e.g. disposable apron and gloves, when emptying a catheter bag.
- Before putting on PPE, 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 *C. difficile* or a vomiting or diarrhoeal illness.
- 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.
- Urine should be disposed of carefully into a toilet.
- After each use, the container should be washed with general purpose neutral detergent, e.g. washing up liquid, and warm water and dried with disposable paper towels, e.g. kitchen roll.
- Clean hands after removing and disposing of PPE.
- A poster 'Procedure for emptying a catheter bag for domiciliary care staff' is available to download at www.infectionpreventioncontrol.co.uk/resources/procedure-for-emptying-a-catheter-bag-for-domiciliary-care-staff/.



9. Changing a catheter leg bag

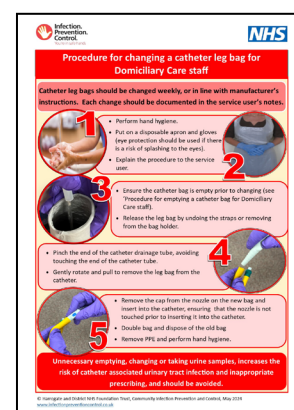
Catheter leg bags should be changed according to the manufacturer's instructions, usually weekly. Each change should be documented in the service user's notes.

- Staff should always wear appropriate PPE, e.g. disposable apron and gloves, when changing a catheter leg bag.
- Before putting on PPE, 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 *C. difficile* or a vomiting or diarrhoeal illness.

- Remove the new leg bag from the packaging and leave on a clean nearby surface.
- Place a waste bag near to the service user for disposal of the used leg bag when removed.
- Remove any leg bag straps.
- Before starting to change the leg bag, empty the contents, see Section 8.
- Remove and dispose of gloves, clean hands again and apply clean gloves.
- Pinch the catheter tube just before the end with one hand. Use the other hand to gently rotate and pull to remove the leg bag from the catheter tube. Do not touch the end of the catheter.
- Place the used leg bag in the nearby waste bag.
- Remove the cap from the nozzle on the new leg bag and insert into the catheter tube, ensuring that the nozzle is not touched.
- Position the leg bag below the level of the bladder and secure appropriately, e.g. two leg bag straps.
- When disposing of the catheter bag, refer to the 'Safe disposal of waste, including sharps Policy'.
- Clean hands after removing and disposing of PPE.
- Always record the date when the leg bag is changed.



A poster 'Procedure for changing a catheter leg bag for domiciliary care staff' is available to download at www.infectionpreventioncontrol.co.uk/resources/procedure-for-changing-a-catheter-leg-bag-for-domiciliary-care-staff/.



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.

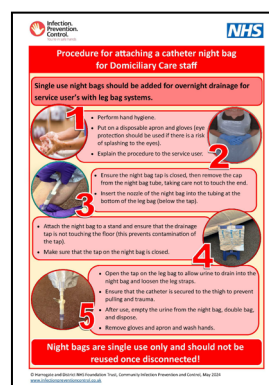
10. Overnight drainage bags

When a service user 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, e.g. used once and then disposed of. The washing out/reuse of bags is unacceptable practice.

Connecting the night bag

- Staff should always wear appropriate PPE, e.g. disposable apron and gloves, when connecting a night bag.
- Before putting on PPE, 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 *C. difficile* or a vomiting or diarrhoeal illness.
- Ensure the night bag tap is closed, then remove the protective cover from the night bag connection, avoiding touching the connection point.
- Attach the night bag connection to the leg bag outlet point, ensuring it is inserted securely.
- Open the leg bag tap to allow drainage into the night bag.
- Ensure both the catheter bags are positioned below the level of the bladder and secure the night bag on a catheter stand/hanger.
- Clean hands after removing and disposing of PPE.
- A poster 'Procedure for changing a catheter night bag for domiciliary care staff' is available to download at www.infectionpreventioncontrol.co.uk/resources/procedure-for-attaching-a-catheter-night-bag-for-domiciliary-care-staff/.



Disconnecting the night bag

- Staff should always wear appropriate PPE, e.g. disposable apron and gloves, when disconnecting a night bag.
- Before putting on PPE, 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 *C. difficile* or a vomiting or diarrhoeal illness.
- Drain any urine from the leg bag into the night bag and close the tap on the leg bag.
- Secure the leg bag with two leg bag straps.
- Detach the night bag from the leg bag outlet point and the catheter stand/hanger.
- Carefully empty the night bag into the toilet through the valve or tear strip.
- Place the empty night bag into a waste bag, tie and place into a second waste bag.
- Clean hands after removing and disposing of PPE.
- When disposing of the catheter bag, refer to the 'Safe disposal of waste, including sharps Policy'.

11. Catheter specimen of urine

Refer to the 'Specimen collection Policy'.

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.

The main principles of care and management of the suprapubic catheter are similar to 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 to 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

The catheter drainage system is the same as for a urethral catheter, although a holster appliance may be more comfortable.

13. Documentation

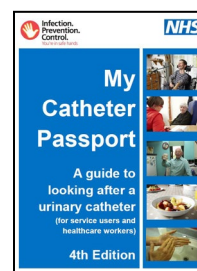
Service user's notes

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 passports 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.
- Information on 'My Catheter Passport' can be found at www.infectionpreventioncontrol.co.uk/resources/my-catheter-passport-urinary-catheterisation/.



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 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:

- 24 IPC Policy documents for Domiciliary Care staff
- Preventing Infection Workbook: Guidance for Domiciliary Care staff
- IPC audit tools, posters, packs, leaflets and factsheets
- IPC Bulletin for Domiciliary Care staff

In addition, we hold educational study events in North Yorkshire.

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

15. References

Department of Health and Social Care (Updated December 2022) *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance*

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 S1-S70

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

Oxford Patient Safety Collaborative (2018) *Reducing urinary tract infections through hydration* www.patientsafetyoxford.org/

Public Health England (Updated 2020) *Urinary tract infection: diagnostic tools for primary care*

Royal College of Nursing (Updated 2021) *Catheter Care RCN guidance for Health Care Professionals*

Royal Marsden NHS Foundation Trust (2020) *The Royal Marsden Hospital Manual of Clinical and Cancer Nursing Procedure 10th Edition*