

Complex Bowel Care Policy

Purpose: To ensure safety for SILC residents who require complex bowel care and to provide support and clear procedures for staff who provide direct high intensity daily personal support to clients SILC residents to promote healthy bowel function.

1. What is this policy for (Policy Statement)?

SILC is committed to ensuring that residents who require direct supports with their complex bowel care receive appropriate individualised support in maintaining healthy bowel function. Our staff are trained and supported in providing best practice bowel care to our residents. Staff will support residents with medications to assist bowel function as ordered by their treating medical practitioner. If medications required are to be administered rectally, staff will undergo additional training and will have clear procedures to follow to ensure resident safety during this procedure.

2. Why is policy important (Purpose)?

Bowel care is a regular component of personal support that is imperative to a resident's quality of life. However, a resident at high risk of severe constipation or faecal incontinence may require complex bowel care from SILC staff with a specialised skill set.

This care must be proportionate and appropriate for each resident's individual needs.

Complex bowel care may include:

- Observing and recording changes in a resident's bowel habits;
- Administering treatments such as enemas and suppositories;
- Identifying when the resident needs to be referred to a practitioner;
- Administering non-routine medication; and
- Understanding that bowel health is highly personal for the resident and supporting them accordingly.

It is important for staff supporting SILC residents who require complex bowel care support to understand an individual's Complex Bowel Care Plan (completed by a health practitioner) and to complete the mandatory training and competency assessment requirements as outlined in SILCs Standard Operating Procedures.

3. Who does this policy apply to (Target Audience)?

These positions are responsible for implementation and compliance monitoring of this policy;

- Medical practitioner (external to SILC);
- Clinical Nurse Specialist and Registered Nurse (external to SILC);
- Support Workers;
- House Managers;
- House Operators;
- SILC Head Office;

This policy applies to residents in SILC homes who require complex bowel care, and to the staff who provide these direct supports to these residents.

4. What does this policy look like in action (Policy in Practice)?

- Our services are:
 - Person-centred and appropriate to the individual resident's needs
 - Respectful of every resident's right to access appropriate and timely health care
 - Collaborative with the resident/family, and with community based health professionals as appropriate
 - Aligned with quality and safeguarding requirements
 - In line with legal and ethical responsibilities
 - Based on research evidence and best practice.
- Staff who provide direct support to residents for their complex bowel care management are required to complete Bowel Care training. Staff who are required to support residents with bowel care medication (e.g. oral or enemas or suppositories) will learn how to safely administer such medication as part of this training. A Bowel Care Competency Assessment must be conducted by a Clinical Nurse Specialist or Registered Nurse 12 months after training, and annually thereafter (or more frequently if required).
- Each resident who requires support with bowel care medications to assist bowel function will have a Complex Bowel Care Management Plan specific to their needs developed by their treating medical practitioner in consultation with the resident and/or person responsible. This Plan will be reviewed and updated annually, or as the residents needs change.

Definitions

Any defined terms below are specific to this policy and its related documents.

Enema

An enema is the introduction of a fluid medication into the lower bowel by way of the rectum. It is usually used to stimulate the bowel to empty.

Suppository

A suppository is another way to deliver a bowel stimulating medication. It is solid and bullet shaped, and when placed in the rectum will dissolve to stimulate the bowel to empty.

Bristol Stool Scale

The Bristol Stool Scale is a diagnostic medical tool designed to classify the form of human faeces into seven categories. SILC use this tool to ensure consistency in recording of residents' output.

Bowel Care Management Plan

This SILC plan is to be completed by a GP, medical practitioner, CNS or RN annually, if medications change or more often if required. Its purpose is to clearly document the timing of and order PRN bowel medications are to be given, as well as outline when medical advice should be sought.

5. Legislation

- [National Disability Insurance Scheme Act 2013](#)
- [National Disability Insurance Scheme \(Code of Conduct\) Rules 2018](#)
- [National Disability Insurance Scheme \(Incident Management and Reportable Incident\) Rules 2018](#)
- NDIS Practice Standards and Quality Indicators module for the High Intensity Daily Personal Activities Module (version 3, January 2020)

6. Related Documentation

- NDIS Practice Standards: skills descriptors (July 2018)
- Complex Bowel Care Standard Operating Procedures
- Complex Bowel Care Management Plan
- Bristol Stool Scale
- Bowel Care Chart
- Bowel Care Competency Assessment
- Colostomy/Ileostomy Management Plan

SILC Policies/Documentation

- Incident Report Form
- Read and Sign Sheet
- Work, Health and Safety Policy
- Incident Reporting Policy
- Administration of Medication Policy

Policy Review Protocol

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Date of Version	29 July 2021
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Person Responsible	Chairperson