

<b>ALASKA PIONEER HOME</b>		<b>P&amp;P No: 04.06</b>
<b>Title: Toileting and Incontinence Care Program</b>		<b>Approval: D. COTE</b>
<b>Key Words: Incontinence, Toileting, Biohazard</b>		
<b>Team: Nursing, Supply, Environment</b>	<b>Effective Date: 8/1/12</b>	<b>Page: 1 of 4</b>

**PURPOSE**

To provide guidelines for the toileting of residents who need assistance, and to describe the incontinence program at the Alaska Pioneer Homes (AKPH).

**POLICY**

The AKPH caregivers follow the toileting program on the daily care plan.

The AKPH provides an incontinence care program that meets the needs of the residents, provides training for caregivers, procures incontinence supplies, and fulfills licensing requirements for assisted living facilities.

Each AKPH caregiver follows incontinence care procedures that minimize the spread of disease and the risk of contamination to hands and surfaces.

**DEFINITIONS**

**Incontinence** is the inability to control either urine or feces elimination.

**PROCEDURE**

**I. Five Types of Incontinence**

- A. *Stress incontinence* occurs when an elder coughs, laughs, or exercises.
  - 1. These activities put pressure on the bladder by the stomach muscles causing a loss of small amounts of urine.
- B. *Urge incontinence* is the strong, sudden need to urinate due to bladder spasms or contractions.
  - 1. Often caused by Alzheimer’s, Parkinson’s, enlarged prostate, spinal cord injury, or urinary tract infection.
- C. *Reflex incontinence* occurs when a person’s bladder contracts without the person being able to stop it, causing the release of urine.
  - 1. This is due to spinal cord injury, brain tumor, or stroke.

**Title: Toileting and Incontinence Care Program**

- D. *Overflow incontinence* is leaking urine when the bladder is full.
- E. *Bowel incontinence* is the inability to hold a bowel movement.

**II. Toileting**

- A. Evaluation of the resident
  - 1. Mental, physical, and medication management status will guide the urinary and bowel care needs of the resident.
  - 2. Caregivers and/or physical therapy staff evaluate the resident for:
    - a. Need for assistance.
    - b. Sitting stability.
    - c. Transfer ability.
    - d. Cognitive ability to call for help, either verbally or with a nurse call system.
    - e. Need for supervision during the toileting period.
    - f. Desire for privacy.
  - 3. Direct care staff re-evaluates resident's toileting ability periodically and with change of status.
    - a. Caregivers make adjustments to the daily care plan as needed.
- B. Toileting environment and equipment
  - 1. Assure that the resident knows where the toilet is located.
  - 2. Assure easy, clear access to the toilet.
  - 3. Leave the toilet room door open when it is not in use.
  - 4. Assure that there are handrails for easy use of the toilet.
  - 5. Assure that the elder's personal clothes can be quickly removed and unfastened.
  - 6. Provide a bedside commode if getting to a toilet becomes too difficult.
- C. Resident dignity and safety
  - 1. Resident safety is a primary concern.
  - 2. Caregivers respect the resident's privacy and dignity during the toileting process.
  - 3. Refer to the resident's individual care plan regarding specific toileting needs.
- D. Document the toileting procedure
  - 1. Bowel movement results are documented on the ADL (activities of daily living) flow sheet and during report at shift change.
  - 2. Anything unusual is reported promptly to the licensed nurse.

**Title: Toileting and Incontinence Care Program****III. Incontinence Care Program**

- A. Staff members and duties that are integral to the program:
1. Nurse educator:
    - a. Contacts the distributor of the incontinence products.
    - b. Schedules in-service training for nursing staff.
    - c. Education includes:
      - 1) Proper measurement and fit of the disposable brief.
      - 2) Proper use of supplies.
  2. Supply technician assures sufficient quantities of products:
    - a. Disposable briefs are stored, organized, and available in needed sizes.
    - b. Non-latex gloves, perineal wipes, and hand washing supplies.
    - c. Water proof bags for the disposal of soiled briefs and wipes.
  3. Nursing staff:
    - a. Wears disposable gloves to remove soiled incontinence products from the residents.
    - b. Assures that soiled incontinence care products are placed in a water proof plastic bag in the trash receptacle in the individual resident rooms.
    - c. Wears clean gloves to remove the plastic bag containing soiled incontinence products from the resident's room to the covered trash receptacle in the dirty utility room.
    - d. Removes gloves and wash hands.
  4. Environmental services foreman assures that:
    - a. An adequate supply of additional bedding and mattress pads are available in the central clean linen storage or in each neighborhood's clean linen storage, as appropriate.
    - b. The bags in the dirty utility room are routinely removed to the outside dumpster.
    - c. Environmental staff uses gloves when handling trash, and wash hands after removal of gloves.
    - d. Trash receptacles are routinely wiped down using a disinfectant.



- B. Handling and disposal of biological waste,  and the symbol for biohazard.
1. Biohazards are substances, such as biological toxins, virus, or medical waste that pose a threat to human health.
  2. Medical waste is anything that is potentially infectious, i.e. that could carry or transmit disease. Examples include blood and body fluids, blood-soaked bandages, body tissue, used needles and lancets, and culture swabs.

**Title: Toileting and Incontinence Care Program**

3. Biohazard waste bags are **RED** and labeled with the words *Biohazard* and a biohazard symbol. These bags must be disposable and water proof, and have strength sufficient to preclude ripping, tearing, or bursting under normal conditions of usage and handling.
4. Sharps waste is disposed in a puncture-resistant sharps container labeled with the biohazard symbol or word. This container is not overfilled, not over  $\frac{3}{4}$  full.
5. Wear and use personal protective equipment (PPE) when handling biohazards, to prevent potential contact with and exposure to infectious material.
6. Medical waste is collected and treated at a treatment facility prior to disposal.
7. Under Alaska regulations, acceptable treatment processes involve decontamination, incineration, or sterilization of the waste. (See P&P 08.07 Exposure Control Plan, page 9, C2)

**HISTORY OF REVISIONS**

New: 1/1/12

Revised: 3/14/12; 7/20/12

Reviewed: 3/14/12

**ATTACHMENTS****REFERENCES**

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