



**Guideline for the promotion of continence care & provision of containment products
to children and young people**

Is this document a:

Policy Procedure Protocol Guideline

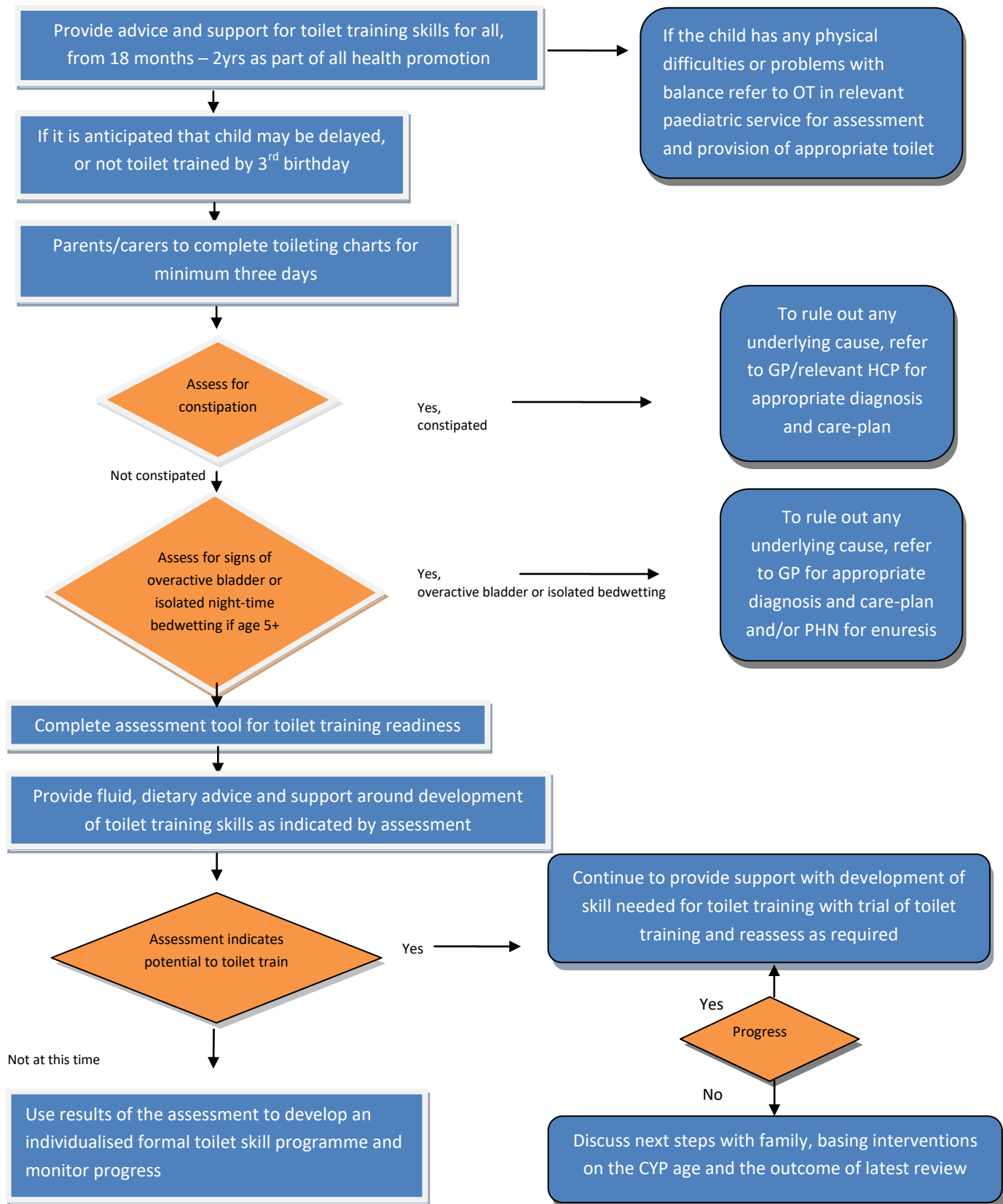
Community Healthcare Organisations

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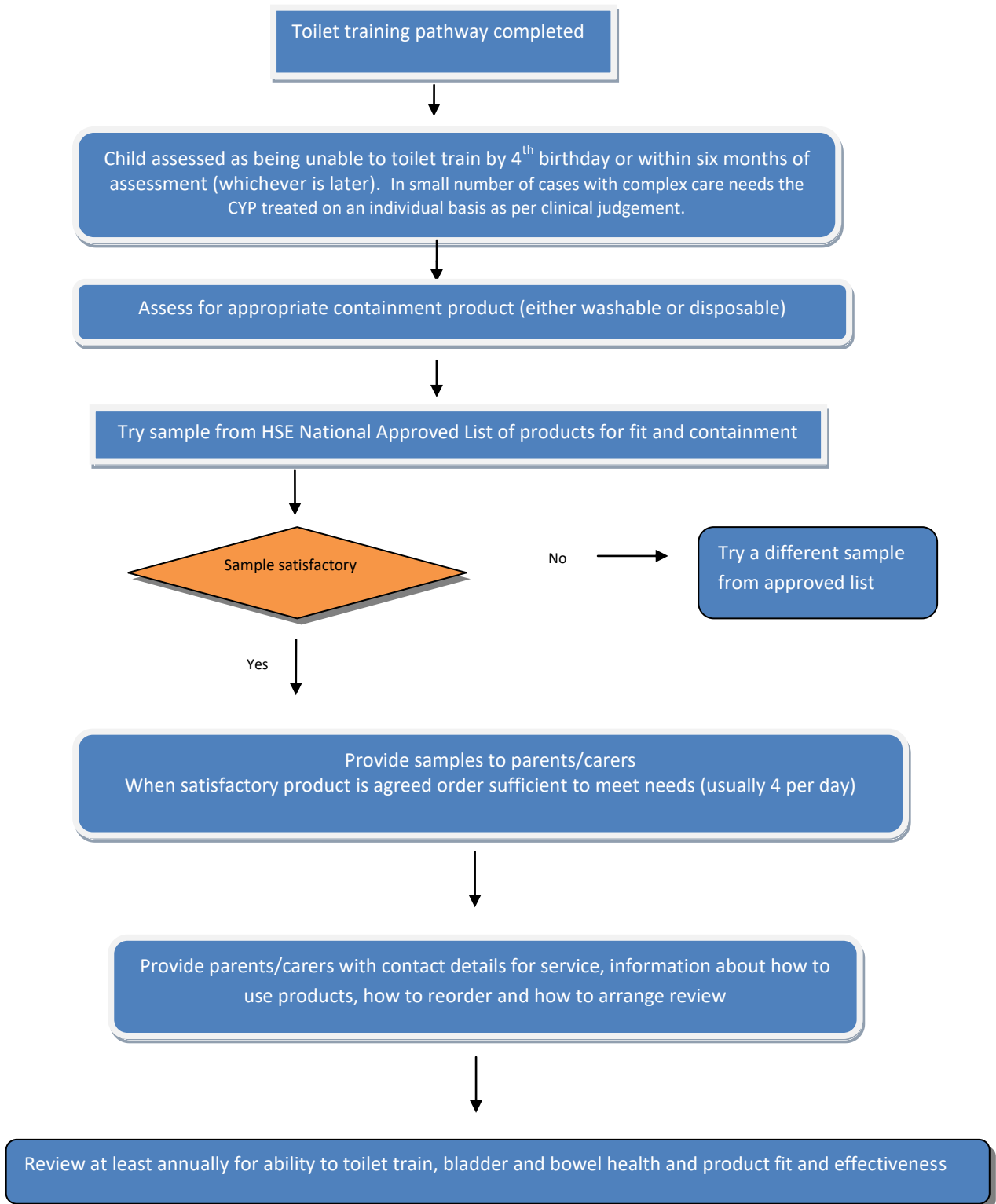
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PART A: TOILET TRAINING PATHWAY



PART A: PROVISION OF CONTAINMENT PRODUCT PATHWAY



PART B: PPPG DEVELOPMENT CYCLE

1.0 INITIATION

1.1 Purpose

- 1.1.1 To set out the HSE National guideline on the promotion of continence and provision of containment products.
- 1.1.2 To facilitate a consistent approach to the provision of containment products to children and young people by providing up-to-date evidence based research and clinical guidance.
- 1.1.3 To ensure all children and young persons have access to an equitable service, no matter what part of the country they live in.

1.2 Scope

- 1.2.1 This guideline relates to all children and young people (referred to in the guideline as CYP) from 0 -18 years and all those healthcare professionals involved in their care.
It does **not cover** those who have passed their 18th birthday or the assessment and management of specific continence problems that occur after daytime toilet training has been achieved and for which treatment is available, such as enuresis or constipation. **For enuresis** refer to Clinical Guideline on the Management of Monosymptomatic Enuresis in Ireland HSE 2016. (See reference section)
- 1.2.2 It applies to all healthcare professionals who have received education and training on continence management for children and young persons.
- 1.2.3 This national guideline replaces existing local policies and procedures.

1.3 Objectives(s)

- 1.3.1 To facilitate an appropriate pathway (refer to pages 4 & 5), to ensure the continence needs of all with bladder and bowel dysfunction are met.
- 1.3.2 To provide clear guidance for healthcare professionals, managers and staff involved in approving products, children and young people and their parents, families /carers.

1.4 Outcome(s)

- 1.4.1 All children and young people with continence care needs will have a comprehensive bladder and bowel assessment undertaken utilising evidence based best practice by appropriately trained health professional.
- 1.4.2 All children and young people requiring continence containment products where toilet training has not been possible will be provided with the appropriate products, based on their assessed needs in partnership with their families and carers.

1.5 PPPG Development Group

See appendix II for membership of the PPPG development group and appendix III for conflict of interest declaration form.

1.6 PPPG Governance Group

See appendix IV for membership of the approval governance group.

1.7 Supporting Evidence

In reviewing this guideline a literature search to July 2021 revealed updated bladder and bowel uk consensus document, two articles; constipation in children and enuresis both available on bestpracticebmj.com.

- Bladder and Bowel UK (2021) Guidance for the provision of continence containment products to children and young people: A consensus document available at <http://www.bladderandboweluk.co.uk> updated 2021
- Bestpracticebmj.com constipation in children 02 February 2019
- Bestpracticebmj.com constipation in children 17 January 2020
- All other references can be found in section 8.0

1.8 Glossary of Terms/Abbreviations

Term/ Abbreviation	Definition
ADPHN	Assistant Director of Public Health Nursing
‘Carers’	The term “carers” is used in this document in line with the Department of Health (2016) The National Carers’ Strategy – <i>Recognised, Supported, Empowered</i> ‘A carer is someone who is providing an ongoing significant level of care to a person who is in need of that care in the home due to illness or disability or frailty.’
CFS	Community Funded Schemes
Containment products	Within this document references to “continence containment products”, “products”, “nappies”, “pads” are all used to denote the same thing. Containment products may be washable or disposable.

CHO	Community Healthcare Organisation
CNS	Clinical Nurse Specialist
CYP	Children and young people
Disposable pants	Commonly referred to as 'pull ups' or 'pull pants'
Disposable containment pants	Available in one piece (nappy-style pads) or two pieces (a disposable pad with a washable fixation pant). The latter is referred to in this document as a 'two-piece system'.
GP	General Practitioner
HCP	Healthcare Professional
HSE	Health Service Executive
Incontinence	The generic term incontinence is interchangeable with the terms "bladder and bowel difficulties", "bladder and bowel dysfunction" or "wetting and soiling problems".
OT	Occupational Therapist
PECS	Picture exchange communication systems
PHN	Public Health Nurse
Toileting	<p>1. Using a toilet; defecation and urination.</p> <p>2. Helping a patient with defecation and urination.</p> <p>Patterned urge response toileting a technique for bladder training, especially in patients with functional incontinence; the patient is prompted to urinate based on results of a voiding diary that indicates maximum functional capacity. The nurse records the patient's cognitive and behavioural responses to prompted toileting.</p> <p>Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health, Seventh Edition. © 2003 by Saunders, an imprint of Elsevier, Inc. All rights reserved.</p>
Washable pants	Device for incontinence that is usually cotton and washable (not disposable)

2.0 DEVELOPMENT OF PPPG

- 2.1** All children and young people should receive support to achieve their maximum continence potential, regardless of their age, culture or ability. Containment products should only be supplied following a full assessment and only when toilet training is not achievable.

Since 2018 in Ireland there has been a national guideline to support and standardise continence assessment and provision of containment products. Along with the guideline a dedicated webpage www.hse.ie/continencecare was developed with resources for healthcare professionals and the public. The guideline is now revised and updated in 2022 taking into account new or emerging literature and evidence from practice.

2.2 Literature search strategy

Recommendations in this guideline are based on UK Guidance for the provision of containment products for children and young people: a consensus document published by Bladder and bowel UK (2016, updated 2019 and 2021) Guidance for the provision of continence containment products to children and young people available at <http://www.bladderandboweluk.co.uk>

The authors of that document carried out a literature search using Pubmed and NICE Health Care databases using the following terms: product provision, toilet training, continence and children, children with disabilities.

2.3 Method of appraising evidence (refer to reference section 8 page 21)

The new literature and existing guideline were sent to stakeholders in practice and education for review and invited to advise of any improvement in practice they have undertaken which would benefit service users. A number of Continence Advisors requested amendment to the toilet skills assessment form. The form was first tested in practice before it was circulated to the guideline development group for consensus agreement and they were satisfied with suggested changes.

2.4 Process used to formulate recommendations

The PPPG development sub-group reviewed the UK consensus document and are satisfied that it has been peer reviewed and is evidenced based. It fulfilled the need in relation to providing clear guidance to the ad hoc approach to care and product

provision within the HSE currently. This document recommends using assessment tools and pathways which the sub-group believe will benefit the children and young persons and make a significant difference to the quality of their lives.

2.5 Summary of the evidence from the literature (sourced from consensus document published by Bladder and bowel UK (2021) see section 8 for reference)

2.5.1 All children and young people with continence care needs must have a comprehensive assessment of their bladder and bowel, with appropriate identified interventions undertaken

2.5.2 All children and young people must be supported with a toilet training programme for at least three months where resources are available, prior to providing containment products, unless it is clear that this is inappropriate, such as in children with a neuropathic bladder and/or bowel.

2.5.3 Products would not normally be supplied before a child has reached their fourth birthday and then only after the child or young person has undergone a comprehensive bladder & bowel assessment and, where appropriate, a trial of toilet training for at least three months.

2.5.4 Children, where it is known or anticipated there may be difficulties with toilet training, such as delayed toilet skills, should have the opportunity for early intervention (at around 2 years of age) to facilitate the development of the necessary toileting skills

2.5.5 Any assessment should only be undertaken by a healthcare professional with the necessary skills and knowledge in continence management and child development.

2.5.6 Children with an acknowledged disability should be supported with a comprehensive assessment and toileting programme and given the opportunity to reach their fullest continence potential; the 'custom and practice' of automatically providing products to children with a disability once they have reached their fourth birthday is not appropriate.

2.5.7 The number of products issued per 24 hours would normally not exceed 4, but provision should meet assessed need.

2.5.8 The use of two-piece system (pad & pants) should be considered wherever possible instead of an all-in-one (nappy) or disposable pant style product

2.5.9 Disposable pant style products should not be provided as part of toilet training programmes for children with additional needs

2.5.10 Consideration should always be made regarding the provision of washable products rather than disposable – clinical experience has shown that they are effective in supporting toilet training and help 'normalise' the process

2.5.11 Containment products should not be supplied for treatable medical conditions, such as enuresis and constipation with overflow. These children should be offered assessment and treatment

2.5.12 Clear plans and pathways need to be in place to ensure the smooth transition from paediatric to adult continence services for those young people requiring ongoing

support and product provision

2.5.13 It is important to ensure a smooth transition from paediatric to adult continence services, particularly as there may be different criteria for product provision including both the type and number of products provided. An appropriate care plan needs to be in place, including effective follow-up for vulnerable young person's transferring to adult services. The Department of Health's UK good practice guide 'Transition: moving on well' (2008) outlines the characteristics of good transition service.

2.6 Resources necessary to implement the PPPG recommendations

The resources required to implement the guideline recommendations have been considered. Changing practice needs to be supported by education and requires competent leaders in each area of practice. This guideline provides clear guidance for the assessment of toilet training readiness and toilet training programme. Refer to appendices for tools to assist.

Where additional resources are required these will be sought through local training needs analysis and the HSE service planning process.

The main costs for the implementation of this guideline are the costs associated with structured training for staff. It is critical that staff, who are involved in continence promotion, have the knowledge and training to assess CYP appropriately.

2.7 Outline of Guideline steps/recommendations

2.7.1 Assessment of bladder and bowel health and ability to toilet train

- All children and young people who are delayed or struggling with toilet skills should have a documented assessment and trial of toilet training prior to being issued with any containment product. The only exception is where it is clear that the child or young person will be unable to toilet train, for example if they have neuropathic bladder and bowel).
- As part of the assessment process each CYP should have their fluid intake documented, alongside their pattern of passing urine and opening their bowels, every waking hour for at least three full days (or as long as the parent or carer can manage). Cotton pants or folded kitchen towel inside the child's nappy or pull-up will help to ensure that any small dribbles of urine are detected; this should be checked hourly and a note recorded of whether they have passed any urine or remained dry. It is recommended that a toileting chart (such as that in appendix V) is used to facilitate this.
- Once the toileting training skills assessment is completed it should be reviewed

and any identified problems, such as issues around fluid intake (appendix VII) or possible underlying constipation, addressed. If there are any other concerns, the CYP should undergo further assessment as necessary.

- If the CYP has been identified as having the potential to be toilet trained this should be discussed and the toilet skills assessment (appendix VI) should be completed and the CYP commenced on an appropriate programme of skill development.
- If the CYP is over the age of 4 years and assessment indicates no potential for toilet training at this time, or if the CYP has an underlying neurological or congenital problem, such as spina bifida or anorectal malformation, the provision of containment products may be appropriate and the 'Provision of containment product pathway' (p. 5) can be used.
- The assessment will indicate the type of containment product, if any, that should be supplied. It also indicates how to support the CYP and family in developing the skills required to toilet train.
- CYP with physical or sensory difficulties or balance problems should have an occupational therapy assessment to ensure they are provided with the appropriate equipment to facilitate toilet training.
- When full continence is not achievable, then bladder and bowel health should be promoted at all times. The child / young person should be kept under review and provided with suitable containment products as appropriate, to maintain their dignity, comfort and safety.

2.7.1.1 Containment product provision

- Once assessment for product provision is complete and indicates that a containment product should be provided, consideration should then be given to the type of containment product that best meets the CYP's needs, either washable or disposable. It is anticipated that both washable and disposable containment products will not be provided to the same CYP at the same time; washable products support toilet training, whereas disposable products do not.
- Products provided should be age appropriate and meet the CYP's needs, rather than routinely using nappy-style products.
- Consideration should be given to the use of pads with close fitting underwear or fixation pants. Sheaths should be considered for older boys, as these may offer more discretion and comfort.
- A wide variety of washable and disposable containment products is available, which vary according to design and fit as well as absorbency. The most appropriate product for the individual's assessed needs should be provided. There should not be a fixed approach to the type or number of containment products provided; it is appropriate to use clinical judgement.

- For environmental and resource reasons it is important to use the minimum number of containment products to meet the CYP's needs, and to ensure that CYP and all their carers know how to use the containment products correctly. The following practical tips are important:
 - for washable products temperature of the water to be used when laundering and whether fabric conditioners should be avoided
 - showing parents and carers how to cup and fold the product
 - how to ensure the product is applied and fastened correctly
 - need to avoid talc and creams, as these affect absorbency and leakage
 - how to use wetness indicators (when present) to ascertain the appropriate time to change the containment product.

2.7.1.2 Washable containment products

Normally children and young people who are using washable containment products will be undergoing a toilet training programme supported by a HCP. CYP should have a measurement taken of their hips and waist, to assist with proper sizing. However, as products fit differently, the following steps should be taken:

- The family should be provided with a sample product to try, appropriate to the assessed needs. If the product is suitable, more of the same item should be supplied. If it is not suitable then a different sample should be provided from the HSE contracted approved list.
- Once it is agreed which product is suitable for the CYP, usually six pairs of washable pants should be provided. This is usually sufficient to meet needs.
- If the assessment indicates that more than six items is required, they should be provided, up to a total of 12 washable items per year.
- As the CYP grows then their hips and waist should be re-measured and a new sample provided. If the sample is suitable, further of the product should be provided

2.7.1.3 Disposable containment products

Disposable containment products are usually provided to children and young people who have been assessed as unable to toilet train within six months of the date of assessment, due to the extent or nature of their disability or medical need.

- Disposable pants should not be supplied for toilet training. Studies (Simon et al 2006, Tarbox et al 2004) and clinical experience have shown they do not support toilet training. However, if there is an assessed need for these products in these circumstances, they can be provided

- The HCP should try samples of disposable containment products with the CYP for fit and suitability
- Once samples have been tried by the HCP, the parents and carers should be shown how to apply the containment product.
- Once the parent or carer has tried the samples they should let the HCP know whether they felt the samples suitable or not.
- An appropriate number of containment products to meet assessed need should be supplied. It is recognised that for most CYP four products per twenty-four hours is sufficient to meet needs.
- Some CYP may require a different containment product for use at night, for example they may require a containment product with more absorbency, particularly if they have overnight enteral tube feeding.
- If a CYP requires more than four containment products per day due to frequent bowel actions, they should be assessed for constipation or other bowel disorder and appropriate intervention taken.
- If a CYP is requiring more than four containment products per day due to volume of urine produced, then consideration should be given to assessment for polyuria with appropriate onward referral and also to supplying a more absorbent containment product.
- The CYP's parents and carers should be made aware of how to obtain more containment products and when and how to contact the HCP if the child's needs change, for example if they grow and need a larger size containment product.
- Where parents or carers ask about the provision of swimming nappies, health care professionals can signpost them to where these and other items can be purchased as the HSE does not provide these. HCPs should also advise parents about the availability of Domiciliary Care Allowance and other healthcare financial support to which they may be entitled.

2.7.1.4 Reassessment of or changes in need

- Parents or carers are requested to give as much notice as possible that the CYP's needs are changing, to ensure there is time for samples to be ordered, trialled and for further specialist input to be arranged should this be necessary. This is to ensure that the CYP's comfort and containment is maintained.
- It is not anticipated that a containment product would be changed part way through a delivery cycle, other than in exceptional circumstances. Each CYP receiving disposable containment products should have a full reassessment of need, of bladder and bowel health and, where appropriate, of ability to toilet train at least once every twelve months.
- Families need to be informed of the importance of having their child's needs reviewed at least annually as their needs may change.
- When a CYP has toilet trained, it would be anticipated that supply of disposable containment products would be terminated immediately.

- Families should be advised that any unused products are the property of the HSE. If their CYP has been provided with containment products that they do not need or are no longer suitable for them, the service who provided them should be contacted and arrangements made to cancel the order and any unused products returned as per local CHO policy to avoid wasting resources and associated cost.
- If a CYP has toilet trained in the day but is still wet at night six months later and the CYP has reached their fifth birthday, they should be offered assessment for night-time wetting. They should not continue to be provided with containment products for night-time wetting, unless this is medically indicated, for example in the case of a CYP with epilepsy who has seizures at night and is incontinent as a result.
- CYP who have achieved urinary continence should not normally be provided with a containment product if they will not open their bowels on the toilet (toilet refusal). This normally occurs as a result of a behavioural, emotional, or sensory issue and the CYP and their family should be offered appropriate support with toilet training for bowels. If the CYP has frequent soiling they should be offered an assessment and treatment for their bowel condition in the same way as a CYP who does not have those additional needs.

2.7.2 Manufacturer style and provision of containment product

There are different styles and manufacturers of containment products.

- The HSE has an approved core product list which is intended to cater for the needs of the vast majority of CYP. This will normally include washable containment products, one piece disposable containment products, that is nappy-style products; or two-piece products such as fixation pants and a disposable pad.
- For many CYP, particularly those who are able to stand or walk, a two-piece containment product is the most appropriate option; it facilitates easy changing and allows the CYP to be involved, when they have the ability to do so. These containment products are often more discreet and comfortable to wear. However, the fixation pants need to be a snug fit and available in small enough sizes for younger children.
- In addition to the approved core product list, the CHO responsible for the budget for containment products, needs to ensure there is a formal process for approving products not on the core list that meet children and young people's individually assessed need.
- It would be expected that for all CYP who have not previously received a containment product, assessment would be undertaken by (e.g. public health

nurse, school nursing, intellectual disability and nursing staff in residential setting), provided that the HCPs in these services have undergone appropriate training and they have the necessary skills and expertise.

- In addition, the CYP should have been supported in a trial of toilet training for at least three months, unless that is not appropriate e.g. where the CYP has a neuropathic bladder or bowel. Normally, following the assessment, PHN/HCP can prescribe continence product from core list. For more complex cases, referral to line manager or continence advisor is advised as per local practice.
- Not all CYP requiring containment products will need direct contact with the children's continence nurse or advisor. However, if there are any concerns about the assessment, the CYPs ability to toilet train, or difficulty finding a containment product to meet an individual's need, then the children's continence advisor may need to become directly involved.
- When the HSE changes its contract with a containment product manufacturer, families of all CYP should be informed by letter prior to the change date. Each child/family should be offered the opportunity to have their containment product reassessed and to be fitted and provided with samples of containment products from the proposed manufacturer. This will ensure smooth transition when the contract changes and that the CYP will continue to be provided with containment products that meet their needs.

2.7.3 Safeguarding

All healthcare professionals have a duty to safeguard the wellbeing of CYP and ensure they are compliant with their responsibilities under the Children First Act 2015.

Nurses are 'mandated person' under the children first act 2015. Children first mandatory support is available for all HSE staff via www.hseland.ie. To access this resource:

- First time visitors to www.hseland.ie will need to register first by clicking on [create an account](#) on the www.hseland.ie Welcome Page.
- On receipt of your registration confirmation email, log on to www.hseland.ie.
- Click on [My Learning](#).
- Click on [Learning Catalogues](#).
- Enter "[Children First](#)" as key word in search window.
- The programme will be listed with others and is titled "[An Introduction to Children First](#)"

For more information on the role and obligations of a Mandated Person, see www.hse.ie/childrenfirst for further information and resources.

3.0 GOVERNANCE AND APPROVAL

3.1 Formal governance arrangements

The governance and approval arrangements rest with the National Community Primary Care CFS. This group reviewed the revised guideline and recommended its use in practice.

The final document is submitted to the National Community Operations Management team. Once approved by the team the final version is converted to a PDF document to ensure the integrity of the PPPG. A signed and dated master copy is retained within National Community Operations.

3.2 Method for assessing the PPPG in meeting the standards outlined in the HSE National Framework for developing PPPGs

The checklist accompanies the final guideline on submission to the CFS Governance group for approval. The checklist is used in assessing the PPPG in meeting the standards outlined in the HSE National Framework for developing PPPGs

3.3 Copyright/permission sought

None required for this revision.

3.4 Approved PPPG checklist

The checklist was signed and submitted by the chair of the PPPG development group to the Governance approval group. It is retained with the master copy of this policy.

4.0 COMMUNICATION AND DISSEMINATION

The updated version is uploaded to the webpage www.hse.ie.continencecare and previous version removed.

When published, the guidelines will be communicated to stakeholders using the following media sources and outlets.

- Distribution via social Media/ Twitter
- Distribution via Nursing Professional Networks
- Dissemination via HSE Communications Channels

5.0 IMPLEMENTATION

5.1 Implementation plan listing barriers and/or facilitators

Guideline should be adopted from the date of publication. Sample tools to assist in implementing this guideline are outlined in Appendix VIII and a training programme developed. This guideline does not replace the clinical judgement of a qualified healthcare professional. Where there are concerns regarding a CYP, staff should refer the CYP to the relevant line manager or specialist.

5.2 Education/training required to implement the PPPG

A national Childrens and young person’s education programme is available for all staff on HSEland under ONMSD catalogue. This is a collaboration between National Community Primary Care and ONMSD. Participants will develop an understanding of best practice in relation to continence promotion in children and young people, using current evidence base. Navigate to www.hseland.ie to register for the programme.

5.3 Lead for education programme: log into HSEland.ie go to courses catalogues, click on ONMSD, scroll down for ‘national Childrens and young person education programme 2022-2023.

5.4 Specific roles and responsibilities

5.4.1 The Chief Officer within each CHO is responsible for ensuring all relevant staff are made aware of the revised guideline and recording the % staff who are trained annually by the national education programme available on HSEland.

5.4.2 Director of Public Health Nursing in each CHO area is responsible to ensure all relevant nursing staff receives education and training on continence management by directing staff to the HSEland national education programme

5.4.3 It is intended that this guideline will assist all healthcare professionals in their practice. Staff should adhere to their professional scope of practice guidelines and maintain competency. In using this guideline professional healthcare staff must be aware of the role of appropriate delegation. Please see appendix I, for a copy of the signature sheet, which should be signed to show users have read, understand and agree to adhere to this guideline. The relevant line manager is responsible for ensuring that staff under their direction have read and signed.

6.0 MONITORING, AUDIT AND EVALUATION

6.1 Lead person(s) responsible for the following process:

6.1.1 **Monitoring:** Each CHO Area should implement a systematic process of gathering information and tracking over time to achieve the objectives within this guideline.

6.1.2 **Audit:** To ensure that this guideline positively impacts patient care, it is important that implementation is audited. Suggested audit topic:

- Toilet skills assessment
- Provision of containment product

6.1.3 **Evaluation:** To support continuous quality improvement in relation to implementation of this national guideline a mechanism to measure the following should be considered:

- Number of CYP accessing the continence service at Primary Care level and at specialist level each year
- Age of CYP who are referred to the continence service for assessment for toilet training /provision of containment products
- Number of CYP referred for containment products who are diagnosed with, or referred for further assessment of bladder or bowel conditions, that were previously not recognised in that individual
- Number of CYP, categorised by age, being provided with containment products
- Number of CYP categorised by diagnosis/condition being provided with containment products
- Number of CYP referred to the continence service who have not been provided with products, but have toilet trained
- Cost of product provided to CYP in each CHO area
- Parent/carer satisfaction with the service and where appropriate CYP satisfaction with the service
- Benchmarking against another CHO area

7.0 REVISION/UPDATE

7.1 Procedure for the update of the PPPG

This guideline should be reviewed three years from date of publication.

7.2 Method for amending the PPPG if new evidence emerges

The National Clinical Continence Guidelines Group will review the new evidence and amend and update as necessary in the event of new supporting evidence identified by findings from audit and evaluation, evidence based clinical research, scope of practice changes or advances in technology.

7.3 Version control update on the PPPG template cover sheet

8.0 REFERENCES

Bestpracticebmj.com enuresis in children updated 17 January 2020

Bestpracticebmj.com constipation in children updated 02 February 2019

Department of Health (2016) *The National Carers' Strategy – Recognised, Supported, Empowered*

Department of Children and Youth Affairs (2011) *Children First: National Guidance for the Protection and Welfare of Children*

For more information on the role and obligations of a Mandated Person, see www.hse.ie/childrenfirst

DOH UK (2008) *Transition: moving on well: A good practice guide for health professionals and*

their partners on transition planning for young people with complex health needs or a disability.

Health Information and Quality Authority (2012), National Standards for Safer Better Healthcare: Dublin 2012

HSE (2016) Clinical Guideline on the Management of Monosymptomatic Enuresis in Ireland
Enuresis Subgroup of the National Steering Group for the Revised Child Health Programme

Nursing and Midwifery Board of Ireland (2014) The Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives

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Nursing and Midwifery Board of Ireland (2015), Recording Clinical Practice Professional Guidance to Nurses and Midwives

Bladder and Bowel UK (2021) Guidance for the provision of continence containment products to children and young people: A consensus document available at <http://www.bladderandboweluk.co.uk> updated 2021

Tarbox et al (2004) Extended diaper wearing: effects on continence in and out of the diaper
Journal of Applied Behaviour Analysis 37 pages 97-100

Further information regarding toilet training and assessment can be found at www.bladderandboweluk.co.uk
<http://www.bladderandboweluk.co.uk/children-young-people/childrenresources/>

ERIC website at www.eirc.org.uk

9.0 APPENDICES

Appendix I Signature Sheet

Appendix II Membership of the PPPG Development Group

Appendix III Conflict of Interest Declaration Form

Appendix IV Approval of Community Funded Schemes Governance Group

Appendix V Toileting skills instructions and chart

Appendix VI Sample toilet training skills assessment

Appendix VI Fluid advice

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Appendix I: Signature Sheet

I have read, understand and agree to adhere to this Guideline for the promotion of continence care and provision of containment product to children and young people 2018:

Print Name	Signature	Area of Work	Date

APPENDIX V: Baseline bladder and bowel chart – instructions

A baseline bladder and bowel chart should be completed in order to help plan a toileting programme, and to identify if there are any underlying problems, such as constipation.

Modern disposable nappies are convenient but make it difficult to know exactly how many times a day the child or young person passes urine and whether they are, for example, dry after a nap. The modern nappy has a 'super absorbency', which locks away urine so the top layer of the nappy stays dry next to the skin. This maintains skin health, but reduces the likelihood of the child feeling wet. The steps below are recommended in order to establish the baseline wetting and soiling of the child or young person.

Completion of chart

The parent or carer should complete the chart for at least three full days or as long as they can manage. The days do not have to be consecutive, but the CYP needs to be home for most of the time. Schools and nurseries do not usually have the resources to help, so charts should be done at weekends or during school holidays. The more days that are completed, the greater the likelihood that any patterns to bowel actions and voids will be identified. This can be helpful for toilet training.

Steps

1. To complete the chart, something is needed inside the nappy to make it easy to identify if the CYP has passed urine. This could be folded pieces of kitchen roll (one that does not disintegrate when wet).
2. At the first nappy change of the day the kitchen roll liner is put inside the nappy.
3. The nappy must then be checked hourly and a record made on the chart whether the pad was wet (W), or dry (D) or if the CYP has had their bowels opened (B). If the kitchen roll pad is wet then it should be changed, but the nappy can stay on until it cannot hold any more urine, or is soiled (i.e. when it would normally be changed).
4. If the CYP uses the toilet or potty at any time indicate in the pad column if the CYP has a wee (TU) or a poo (TB) on the toilet.
5. Every time the CYP has a drink record in the Drinks column, with the volume and type of drink if possible. If the CYP has a tube feed record in the drinks column, with the volume.

APPENDIX V (A) baseline bladder and bowel chart

Child's name: _____ DOB: _____ Age: _____ Date commenced: _____

Pad:	Toilet /Potty
W(wet)	TU(wee)
D (dry)	<u>T</u> B (poo)
P (poo/soiled)	

Date	DAY 1			DAY 2			DAY 3			DAY4			DAY 5		
	Drink type	Drink amount	Toilet/ pad/nappy	Drink type	Drink amount	Toilet/ pad/nappy	Drink type	Drink amount	Toilet/ pad/nappy	Drink type	Drink amount	Toilet/ pad/nappy	Drink type	Drink amount	Toilet/ pad/nappy
07:00															
08:00															
09:00															
10:00															
11:00															
12:00															
13:00															
14:00															
15:00															
16:00															
17:00															
18:00															
19:00															

Appendix VI Toilet skills assessment tool

Child's name:	Parent's name:	Parent/carer contact no:			
Child's DoB: / /	Child's address:				
Name of assessor of 2 nd Assessment Title & contact no.	Date of 1 st assessment Date	PHN:			
Past medical history, disability functional issues	Referred by: Date of referral:	GMS (medical card) number: Long term illness number:			
	Receiving Domiciliary Care Allowance? yes <input type="checkbox"/> no <input type="checkbox"/> Other:	Other HCP's providing care			
Toilet training; Current status and Hx of toilet training attempt	Child's primary mode of communicating e.g. verbal, PECS:	Child lives with:			
	GP details - name: Contact no:	School details:			
	Current products? (name and size)				
Typical Diet <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 100px; vertical-align: top;">Breakfast</td> <td style="width: 33%; height: 100px; vertical-align: top;">Lunch</td> <td style="width: 33%; height: 100px; vertical-align: top;">Dinner</td> </tr> </table> Snacks - Oral or enteral fed – Fluids (see recommended fluid intake per age group below) -			Breakfast	Lunch	Dinner
Breakfast	Lunch	Dinner			
Suggested fluid intake of water-based drinks per 24 hours <table style="width: 100%;"> <tr> <td style="width: 50%;">Age 1-3 years → 900 ml -1000 ml</td> <td style="width: 50%;">Age 4-8 years → 1200 ml – 1400 ml</td> </tr> </table> <i>Note:</i> If a dietitian or medical professional has given advice about fluid intake for an individual child or young person, that advice should be followed. (NICE 2010)			Age 1-3 years → 900 ml -1000 ml	Age 4-8 years → 1200 ml – 1400 ml	
Age 1-3 years → 900 ml -1000 ml	Age 4-8 years → 1200 ml – 1400 ml				

Assessment (the second scoring column is included in case a repeat assessment is needed later)				
Bladder function (passes urine)	Score	Advice offered	1st	2nd
1) More than once per hour	3	Check fluid intake and adjust if necessary If age 5+ and frequency persists, consider assessment for Overactive Bladder (OAB) or immature bladder		
2) Between one / two hourly	2	Indication of developing bladder maturity		
3) More than two hourly	0	Maturing bladder – consider toilet training		
Bladder control	Score	Advice offered		
1) Never or rarely passes urine in toilet or potty	3	Complete baseline chart to identify urination intervals and start sitting on the toilet when bladder is more likely to be full		
2) Passes urine on toilet or potty sometimes	2	Consider removal of nappy (if worn) and introduction of formal toilet training programme		
3) Can initiate a request to pass urine	0	Good evidence of bladder maturity - start on toilet training programme		
Night wetting	Score	Advice offered		
1) Every night	3	If aged 5 or over and dry in the day consider referral to the enuresis service		
2) Occasionally – odd dry night	2	Indication of developing bladder maturity		
3) Never wet	0	Mature bladder – consider toilet training		
Sitting on toilet	Score	Advice offered		
1) Refuses to sit	4	Consider behaviour modification programme		
2) Sitting with or without help	2	Liaise with OT if necessary re: toilet adaptation or equipment		
3) Sits long enough to pass urine	0	Start toilet training		
Going to the toilet	Score	Advice offered		
1) Gives no indication of need to go	4	Consider introducing strategies to raise awareness of wet/dry/soiled		

2) Gives some indication, by (include words or signals used):	2	Introduce positive reinforcement for target behaviour		
3) Sometimes goes of own accord	0	Consider formal toilet training programme		
Bowel control	Score	Advice offered		
1) Rarely or never opens bowels on toilet or potty	3	Complete baseline chart - identify frequency of bowel movements - start toilet sitting when bowel is more likely to be emptied (such as after meals)		
2) Opens bowels on toilet or potty sometimes	2	Consider toilet training program		
3) Opens bowels on toilet or potty every time	0	Evidence of bowel control, consider toilet training		
Bowel function	Score	Advice offered		
1) Opens bowels more than three times per day	3	Exclude underlying constipation		
2) Does not always have a formed stool	2	Address underlying bowel problem before commencing toilet training (check Bristol Stool score). May be subject to constipation or diarrhoea.		
3) Has regular formed bowel movements	0	Mature bowel – consider toilet training readiness		
Night time bowel movements	Score	Advice offered		
1) Occurs more than once per week	3	Assess for underlying constipation – treat as appropriate		
2) Never	0	Mature bowel		
Behaviour that interferes with toileting process, like screaming when toileted	Score	Advice offered		
1) Occurs frequently (once per day or more often)	4	Consider liaison with CDNT/CAMHS re behaviour modification programme		
2) Occurs occasionally (less than once daily)	2	Consider assessment to identify ‘trigger’ factors for behaviour e.g. sound of hand dryer		

3) Never occurs	0	Consider bladder/bowel maturity and toilet training readiness		
Response to basic commands, like 'sit down'	Score	Advice offered		
1) Never responds to commands	4	Consider introducing 'routine/social stories' to gain co-operation		
3) Usually responds	0	Consider toilet training readiness		
Handling clothes	Score	Advice offered		
1) Cannot handle clothes at all	4	If child physically able introduce programme to encourage child to pull pants up/down independently		
2) Attempts to pull pants down	2	Introduce positive reinforcement for target behaviour		
3) Pulls clothes up and down without help	0	Consider toilet training readiness		

Score:	Add up all scores to assess toileting skills at this time:
0- 16	Indicates toilet training readiness, start toilet training programme and removal of containment wear (if in use)
17-30	Indicates some toileting skills, should commence or continue a toilet skill development programme. Consider washable products.
31 and above	May have potential for acquiring toileting skills; may require containment products. Should be supported with skill development and reviewed regularly.

Other helpful points to consider in relation to bowel health:

What type of stool is common? (use Bristol Stool Chart, available here: [hse.ie/continencecare](https://www.hse.ie/continencecare))

Is there evidence of 'hiding' or 'holding on'?

Plan of action / other comments:

This assessment form is informed from evidence in UK guidance for the promotion of continence containment products to children and young people – A consensus document 2021 and also from an expert consensus group of Continence Nurses in Ireland who tested the revised tool in their primary care practice areas.

Appendix VII – Fluid Advice

Adequate fluid intake is important for maintaining bladder and bowel as well as general health and is important in toilet training. However, maintaining a good fluid intake for some CYP with disabilities is difficult.

- Caffeinated drinks, including tea, coffee, hot chocolate and coke should be avoided as they may have a diuretic effect and can contribute to bladder over-activity
- Fizzy drinks should be avoided as they can contribute to bladder over-activity.
- The child or young person will need to increase their fluid intake if doing lots of exercise (including sports, playing out and school playtimes), or if the weather is hot.
- Milk is healthy, but is used by the body as a food. It should not be encouraged instead of, or as part, of total water-based drinks.
- Excessive milk intake can cause excessive weight gain and for some children or young people, it may contribute to constipation.
- Children who are of school age should have about half of their fluid requirement during the school day. A child who does not drink well during the school day is more likely to drink large volumes in the evening which may contribute to or cause bedwetting.

Suggested intake of water-based drinks per 24 hours according to age and sex (N.B. Dietitian or medical advice about fluid intake, where provided for individual CYP should be followed) (NICE 2010)

Age	Gender	Intake
1-3 years	Both	900 - 1000ml
4-8 years	Both	1200 - 1400ml
9-13 years	Female	1200 - 2100ml
	Male	1400 - 2300ml
14-18 years	Female	1400 - 2500ml
	Male	2100 - 3200ml

CYP need more water when they are active, or if the weather or environment is hot. Overweight CYP may also need more water.

Appendix VIII Sample Audit Tool Assessment of bladder & bowel health & ability to toilet train

Objective of Audit tool:

Each statement in the audit tool has been taken from the accompanying national procedure for the provision of continence products to children and young people. Each CHO area can assess to what degree they comply with the statements in their own area of approval and provision of such products. It is intended that this audit tool will provide each area with a baseline tool through which they can assess their own process and identify areas which require improvements.

Users of this audit tool are free to add in additional statements, as they deem appropriate and adopt this tool for use in their own setting. This audit tool is to be used to retrospectively audit practices.

Methodology:

- Population:** A sample of patients requiring approval in the community of the provision of continence products to children and young people.
- Sampling:** A total of 10% or 10 patients, whichever is greater, should be selected
- Frequency of Audit:** To be determined locally at minimum annually
- Method:** This is a retrospective audit

Part 1: Demographic Details

CHO area:	
Work Address:	
Area of Practice: (e.g PHN service, ID service)	
Date of Audit:	
Audited by:	

Part 2: Data Collection Tool instructions: Record **Y** for **Yes**, if the criteria are met. Record **N** for **No**, if criteria are not met or **N/A** for **Not applicable**

<u>Audit tool: Assessment of bladder & bowel health & ability to toilet train</u>	Yes	No	NA	Evidence
<p>Statement 1 Documented assessment of bladder and bowel completed?</p> <p>Statement 2 Evidence of trial of toilet training for at least 3 months unless it is clear that this is inappropriate e.g in children with neuropathic bladder and/or bowel?</p> <p>Statement 3 CYP fluid intake documented?</p> <p>Statement 4 Toilet chart completed for minimum of 3 days by parents/carers?</p> <p>Statement 5 Toilet chart reviewed by Healthcare Professional?</p> <p>Statement 6 Toilet skills assessment chart completed?</p> <p>Statement 7 CYP commenced on an appropriate programme of skill development?</p> <p>Statement 8 Toilet training skills assessment completed?</p> <p>Statement 9 Where the toilet training skills assessment results in a high score in any area, evidence of appropriate action taken to reduce the score and work toward CYP attaining continence?</p> <p>Statement 10 Occupational therapy assessments completed for CYP presenting with physical difficulties, sensory differences or balance problems?</p>				
Audit score: %				

Audit tool: Provision of containment product	Yes	No	NA	Evidence
Statement 1				
Toilet training pathway completed?				
Statement 2				
CYP assessed for appropriate product (either washable or disposable to contain continence?)				
Statement 3				
Sample from HSE National contract list of products tried?				
Statement 4				
Satisfactory product agreed from samples tried?				
Statement 5				
Satisfactory product ordered to meet needs (usually 4 per day)?				
Statement 6				
CYP/parents/carers provided with contact details for service, information on how to use products, reorder and arrange a review?				
Statement 7				
Annual review for ability to toilet train, bladder and bowel health and product fit and effectiveness complete?				
Audit score: %				

Calculation of Compliance Rate Percentage

The audit tool calculates the score for the audit. The score, expressed as a percentage, is calculated by dividing the number of “yes” answers by the total of “yes” and “no” answers. “Not applicable” answers are excluded from the calculation of the percentage score.

Example: If there are 5 “yes” and 2 “no” an answer, the score is calculated as follows:

5 (yes answers) divided by 7 (total of yes and no answers) multiplied by 100.

The score in this example would be 71%