



- Only staff trained by an Appropriately Qualified Health Professional (AQHP) can perform this procedure.
- Ensure that the person’s staffing preference, as detailed in their [NDIS LWB 5531 Personal Care Plan](#), is applied to this procedure.
- This procedure should be read in conjunction with the [NDIS LWB 5600 High Intensity Daily Personal Activities - Procedure](#), [NDIS LWB 5501 Health and Wellbeing - Procedure](#), [NDIS LWB 5531 Personal Care - Plan](#) and in consultation with the person or their HIDPA Complex Bowel Care Plan.

This information is intended as a guide only and may not be appropriate in all circumstances – instructions from an AQHP should be followed.

The AQHP is to provide training in any required complex bowel care and is in the scope of practice of a Disability Support Worker (DSW).

Manual Evacuation Procedure



Check

- Check the person’s Complex Bowel Care Plan for the correct time and day related to the procedure.
- Explain the procedure to the person and ask for their consent.

Autonomic Dysreflexia – This is a medical emergency, immediately call an Ambulance (000) and follow the person’s care plan to alleviate the symptoms. Do not leave the person alone.

In Spinal Cord Injury, Autonomic Dysreflexia can be related to Bowel: constipation, a full bowel, haemorrhoids, or other rectal irritations.

Symptoms include:

- Severe, pounding headache
- High blood pressure
- Sweating above the level of injury
- Goose bumps above the level of injury
- Red blotches above the level of injury (face, neck, arms)
- Stuffy nose
- Anxiety and apprehension



Support

Stop the procedure and seek medical attention if any of the following occur:

- Abdominal pain
 - Diarrhoea
 - Rectal irritation or bleeding
 - Symptoms of dehydration, thirst, dizziness, vomiting, urinating less often than usual
- Removing stool with your fingers can easily cause tears in the rectum or spread stool to other areas if not done carefully, leading to infection of the nearby regions, including the urethra, vagina, or penis. Likewise, going too fast or not using caution can lead to infection and injury.
 - Long or artificial nails increase the risk of damage or rupture to the bowel. Therefore, all LWB staff who provide manual evacuation support must have their fingernails cut to no longer than the end of their fingertips.
 - Follow the [NDIS LWB 5507 Let's Talk About PPE for Support Activities](#) to ensure the correct PPE for this procedure and follow hygiene and infection control procedures. PPE for manual evacuation includes two (2) pairs of gloves. This is known as double gloving.
 - Gather two pairs of gloves, an apron, a face mask, eye protection, lubricant, a bag for soiled PPE or disposable linen, toilet paper or wipes.
 - Wash your hands and put on two (2) pairs of gloves. This is known as double gloving.
 - Assist the person in removing the necessary clothing.
 - Position the person as recommended in their Complex Bowel Care Plan or per their choice. This procedure can be done on the bed or while the person sits on a commode.
 - Position yourself safely.

Safe Positioning for Staff

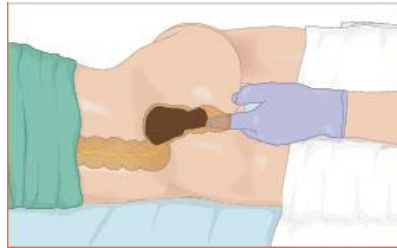


- Look for abnormalities, including bruising, pressure injury, skin tags and haemorrhoids. If abnormalities are observed, complete i-sight and report to Disability Support Leader ¹ or On Call.

¹ All references to Disability Support Leader (DSL), includes all Frontline Leadership roles, such as House Supervisor.

- Apply a moderate amount of lubricant to the person’s anus and your index finger. Lubricate the entire finger length to prevent injury to the delicate bowel tissue.
- Gently insert your finger into the rectum.
- Gently rotate your finger to break up any hard-formed stool to make it easier to pass.
- Take out the finger allowing any stool to come out with the finger.

Manual Removal



- Repeat until the rectum is empty.
- Dispose of gloves and place them in the garbage.
- Put on a clean pair of gloves.
- Refer to the person’s bowel care plan. For example, the person may remain over the toilet to open their bowel. Some may need further bowel care, such as an enema, suppository, or digital stimulation.
- Assist the person with cleaning following the procedure using wipes, warm water, and gentle soap.
- Throw away the soiled equipment or disposable linen.
- Wash and dry your hands.
- Assist the person with dressing and ensure the person is comfortable.



Report

- Document the evacuation results and observations in the [NDIS LWB 5590 Bowel Movement – Recording Chart](#) using the [Bristol Stool Chart](#) as a guide.
- Record any abnormalities, including bruising, pressure injury, skin tags and haemorrhoids, in progress notes and organise for a medical review of any abnormalities. See the [NDIS LWB 5554 Responding to Unexplained Bruising Suspicious Mark or Injury – Procedure](#)
- Report any concerns or issues related to the person’s bowel care immediately to the Disability Support Leader or On Call.

For Further Guidance and Advice

Please contact the AQHP who developed the person’s HIDPA Complex Bowel Care Plan.