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# Acacium Group

# Bowel Management Policy

Policy Reference | CLIN 45

Version | V4.0

<b>Policy Name</b>	Bowel Management Policy
<b>Purpose of Document</b>	The purpose of this document is to inform all workers of their responsibilities and the standards required in regard to the management of bowel care, ensuring compliance with national policy, and Acacium Group policies and SOPs.
<b>Target Audience</b>	All workers with clinical responsibilities.
<b>Version</b>	V4.0
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<b>Risk and Resource Implications</b>	Resource: Training Risks: Lack of skills to deliver bowel care.
<b>Associated Strategies and SOPs</b>	See page 12-13
<b>Equality Impact Assessment (EIA) Form</b>	Acacium Group is committed to Equality, Diversity and Inclusion and in line with our values, we strive to ensure that everyone that is part of the Acacium community is not disadvantaged or discriminated against given their individual need or characteristics. To support this, an Equality Impact Assessment has been undertaken on this policy/procedure. This information is held centrally and can be requested from the Clinical Governance Team.
<b>About Acacium Group</b>	Details of all Acacium Group trading companies that this policy applies to are detailed within Appendix A
<b>Legislation</b>	Legislation and Guidance pertinent to this policy can be found within Appendix B

Document History			
Version	Date	Changes made/comments	By whom
V1	June 2017	Implementation of policy.	KNF/SJ
V1	Mar 2018	Updated front sheet to include new review frequency date.	KMS/MS
V1	May 2018	Updated 'Pulse Pages' to 'Acacium Group Knowledge Room'	LW
V 1.1	Nov 2018	Updated in relation to training	KMS/SJ
V1.2	Mar 2020	Updated to new Template	CC
V2	13 May 2020	3 yearly review	Clinical Advisory Group
V2.1	Oct 2020	Update re Rebrand	CCR/CC
V2.2	Jan 2021	Update re Rebrand 2	CC
V2.3	Apr 2021	Added CHS brand	CC
V3	May 2023	Reviewed and updated	Clinical Advisory Group
V4	Jan 2024	Rebrand	Clinical Advisory Group

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## 1. Introduction

- 1.1 "Bowel care is a fundamental area of client care that is frequently overlooked, yet it is of paramount importance for the quality of life of our clients, many of whom are hesitant to admit to bowel problems or to discuss such issues." (Royal College of Nursing (RCN) 2019).
- 1.2 Bowel care may include rectal interventions. This should only be carried out when there is a specific and adequate clinical indication prescribed by an appropriate clinician and completed by an appropriately trained member of staff.
- 1.3 The cultural, gender, religious and other differences of clients, will be taken into account at all times by members of staff when using this policy and in particular when offering rectal interventions.

## 2. Purpose and Policy Statement

- 2.1 Acacium Group believes that all clients should be treated with dignity, respect and be free from discrimination. The needs of clients should be paramount therefore providing individualised bowel care. Bowel care and support must be of high quality, safe and effective.
- 2.2 The philosophy and practice within Acacium Group is the provision of a caring and stimulating atmosphere where the clients are listened to and feel valued, their rights are upheld, and their cultural and religious beliefs are respected.
- 2.3 To ensure a high standard of bowel care, treatment and management including rectal interventions.
- 2.4 To ensure safe, competent practice by all clinicians undertaking bowel care and reduce risk of complications associated with bowel management.
- 2.5 To standardise practice across Acacium Group.
- 2.6 To ensure that all practice is evidence-based, relevant, appropriate and to minimise harm.
- 2.7 The policy will apply to all staff undertaking bowel care.
- 2.8 In order to carry out invasive bowel care, all Acacium Group staff should attend job relevant training, achieve competency, and be working within the scope of their role.
  - All staff completing invasive bowel care require access to training, supervision and support relevant to their roles and responsibilities
  - All staff completing invasive bowel care are required to, complete updates, so that they maintain their knowledge and skills and are familiar with procedures.
- 2.9 It is recommended that this policy will be adopted in the community in order to promote consistently applied evidence-based bowel care.
- 2.10 Where possible, staff should ensure that the client is able to understand the information given to them and are able to give their informed consent. This may necessitate the use of a professional interpreter and the translation of written information where appropriate.
- 2.11 Assessment should be considered for those clients who are unable to consent to the procedure and reference should be made to the relevant Acacium Group consent policy.

2.12 Acacium Group acknowledges and respects the diverse needs of its clients and staff will respect these at all times when implementing this policy. Staff will at all times be mindful of the person's protected characteristics and cultural differences which will be taken fully into account when implementing this policy to ensure the described procedure is conducted in as sensitive a manner as possible which respects their privacy and dignity.

### 3. Definitions

Definition	Explanation
<b>Health</b>	The World Health Organisation (WHO), in 1948, defined health as 'a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity'. This holistic definition considers the 'whole person' and is important for care provision by Acacium Group workers
<b>Dignity and respect</b>	The uniqueness and intrinsic value of individual clients is acknowledged, and each person is treated with respect
<b>Independence</b>	Clients have as much control as possible over their lives, whilst being protected against unreasonable risks
<b>Rights</b>	Clients individual and human rights are safeguarded and actively promoted within the context of services delivered by Acacium Group workers
<b>Equality and diversity</b>	Clients are treated equally, and their background and culture are valued. The services provided by Acacium Group fit within a framework of equal opportunities and anti-discriminatory practice
<b>Choice</b>	Clients are offered, wherever possible, the opportunity to select independently from a range of options based on clear and accurate information
<b>Consent</b>	Clients have a legal right to determine what happens to them, and their informed, genuine and valid consent to the care, treatment and support they receive is essential
<b>Fulfilment</b>	Clients are enabled and supported to lead full and purposeful lives, and realise their ability and potential
<b>Safety</b>	Clients feel as safe as possible in all aspects of their care and life and are free from exploitation, neglect and abuse

### 4. Roles & Responsibilities

4.1 The overall organisational roles and responsibilities are set out in the Policy for Drafting, Approval and Review of Policies and Standard Operating Procedures (SOPs).

4.2 Acacium Group acknowledges that the delivery of good bowel care is the responsibility of all its clinical workers in collaboration with colleagues such as GPs, Community Nurses and Nurse Specialists. The following table outlines the responsibilities of the key people involved in effective bowel care and management.

Job Title	Responsibilities
<b>Group Global Clinical Director/Group Chief Nurse</b>	Responsible for ensuring that all policies, standard operating procedures (SOPs), protocols, training, and competencies, are in place to support the Pulse nurse or care in the safe delivery of safe and effective care provision.
<b>Line managers/ appropriate others</b>	<p>Line managers/ appropriate others:</p> <ul style="list-style-type: none"> <li>• demonstrate leadership</li> <li>• are informed about, and take responsibility for, the actions of their workers</li> <li>• ensure that all workers follow policies and procedures</li> <li>• lead on working with partners and agencies locally in order to provide timely and seamless care</li> <li>• ensure that care is routinely planned and re-assessed with the appropriate use of resources</li> <li>• maintain confidentiality</li> <li>• ensure their workers access training, supervision and support relevant to their roles and responsibilities</li> <li>• ensure their workers are clear about their professional roles and responsibilities</li> <li>• ensure their workers make comprehensive and accurate healthcare records</li> <li>• ensure their workers work effectively with professionals from other relevant organisations</li> <li>• facilitate and/or undertake regular audit of practices</li> </ul>
<b>Individual workers</b>	<p>Individual workers:</p> <ul style="list-style-type: none"> <li>• provide a consistently high standard of bowel care that promotes quality of life for all</li> <li>• promote client safety, dignity, privacy, independence, choice, equality and individuality</li> <li>• plan bowel care routinely and use resources wisely</li> <li>• be aware of, and comply with, Acacium Group policies procedures and guidance</li> <li>• promote confidentiality, sharing information with partners on a need-to-know basis</li> <li>• take part in training, including attending and online updates, so that they maintain their skills and are familiar with procedures</li> <li>• are registered; non-registered workers should access regular supervision and support in line with local procedures</li> <li>• should maintain accurate, comprehensive, contemporaneous and legible records, which are stored securely in line with local guidance</li> <li>• support the undertaking of audits and implement revisions to policies, protocols and procedures</li> </ul>

<b>Clinical Advisory Group - CAG</b>	Review polices and clinical documents for the Group in order to safeguard and improve quality in line with the Groups vision, strategic aims and in a context in which diversity is recognised and widely celebrated
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## 5. Principles of Care

- 5.1 This policy provides an overview of all policies and procedures that have been developed within Acacium Group and must be read in close conjunction with the Care Planning Policy.
- 5.2 There are many conditions that may affect changes in bowel function such as Spinal Cord Injury which means that there is a need to actively manage the bowel/continence with the main aims being to achieve regular and predictable emptying of the bowel at a socially acceptable time and place.
- 5.3 Assessment of risk and planning are integral to the effective management of care provision and Acacium Group workers are expected to contribute to these processes. See Acacium Group Clinical Risk Management Policy and Acacium Group Risk Assessment SOP.
- 5.4 **Privacy and dignity**
  - 5.4.1 All clients are entitled to care that is sensitive to their needs, and in the privacy of an appropriate room within their home. They will be offered the choice of having relatives support their care. If this is not what they want, their wishes will be respected.
  - 5.4.2 Acacium Group workers will ensure that, where possible, windows are shut, curtains closed and that when bowel care is being delivered this will be given free of interruptions and with dignity. Bowel care will be provided in a timely and efficient manner. The use of mobile phones will be restricted during the provision of care to emergencies only. See also Equality, Diversity and Human Rights Policy.
- 5.5 **Safety**
  - 5.5.1 Safety of the client is paramount. Risk assessments are required to ensure that clients are not put at risk from care activities. Where risks are found, actions will be taken to minimise them. Such actions may be the use of anti-slip devices, sitting instead of standing, checking the temperature of water before use, and any other safety measures as required. See also Acacium Group Health and Safety Policy and Acacium Group Controlling Scalding Risks from Bathing and Showering Policy.
  - 5.5.2 The health and safety of workers is also of paramount importance to Acacium Group executives and senior managers. Acacium Group workers must ensure they follow all Acacium Group policies and procedures relating to general care.
- 5.6 **Choice**
  - 5.6.1 Unless it is essential that an aspect of bowel care is to be given at a particular time, the Acacium Group worker should offer choice and plan care. Some delivery of bowel care is recommended to be given at a particular time, for example, digital rectal stimulation, but where possible, choice should be given.
  - 5.6.2 Where possible, chaperones should be offered and some clients may request a chaperone, this should always be provided, please refer to chaperone Policy/SOP
- 5.7 **Independence**

5.7.1 Where possible, independence should be promoted, and clients encouraged to do as much as possible for themselves. Where Acacium Group workers are aware of ways that may help the client to overcome difficulties and promote independence, these should be discussed.

#### 5.8 **Safeguarding of vulnerable adults and children**

5.8.1 At all times Acacium Group workers must be aware that clients and members of their family may be at risk from forms of abuse. Acacium Group workers should be on the constant look out for signs of abuse and report any concerns they may have, following the Acacium Group strategy and policies:

- CLIN 08 Safeguarding Children and Young People Policy
- CLIN 09 Safeguarding Vulnerable Adults Policy

#### 5.9 **Reducing the risk of infection**

5.9.1 It is always important to try and minimise the risk of infection to clients and to protect workers, so a clean environment when working and caring should always be provided, following Acacium Group policies and procedures on: Infection Prevention and Control Policy

#### 5.10 **Care planning and provision**

5.10.1 All care must be thoroughly assessed and planned and re-assessed where possible involving the client.

#### 5.11 **Information and records management**

5.11.1 Comprehensive documentation forms the basis of good bowel care. All care should be well recorded and Acacium Group personnel should remember that almost all information can be made available to the public under the Freedom of Information Act, and that all personal identifiable information must be kept secure and not disclosed apart from when it is legal to do so. The following policy supports information and records management: Records Management Policy

#### 5.12 **Individual worker competence**

5.12.1 Acacium Group invests in their workers to enable nurses and carers to provide bowel care that is evidence based, clinically efficient, safe and up to date.

#### 5.13 **Complaints and incidents management**

5.13.1 Acacium Group ensures that the organisation learns from complaints and incidents and therefore expects an open and honest culture. The following policies and SOPs have been developed for Acacium Group workers to follow:

- Reporting and managing complaints policy with the attached Policies and SOPs:
  - Complaints Management
  - Reporting Incidents
  - Reporting and Grading Incidents

### **6. Evidence-Based Care**

6.1 The effectiveness of bowel care will be regularly reviewed and improved, and Acacium Group will work with other care providers to promote areas of new evidence or research that may benefit the client.

### **7. Client and Family Involvement**

7.1 Acacium Group recognises that the input of the client and members of the family is vital to providing bowel care that is acceptable and to a high standard. The wishes of the client and where applicable,

the family must always be taken into account and, if the desired aspect of care cannot be provided or is unsafe, this should be explained to clients and where appropriate, family members should also be trained by the appropriate specialist to provide certain aspects of bowel care and be fully involved in care planning and review.

## 8. Consent

- 8.1 Acacium Group policies comply with the national consent requirements. Acacium Group recognises that clients have the right to be given information about any bowel care due to be given and to decide if they want the care to be provided or not. Alternatives, risks and benefits must always be explained, and consent documented in the nursing care records. Relatives cannot give consent on behalf of the client unless it is a person with responsibility for a person under the age of 18. Acacium Group personnel are able deliver bowel care in the best interests of the client as long as there is an urgent need and the client's health and wellbeing could be seriously affected without appropriate intervention. See Acacium Group Consent to Treatment and Care Policy.
- 8.2 The individual requiring assistance must give their consent for any intervention, usually verbally. This supports the individual's right to self-determination and autonomy (RCN 2000).

## 9. Adults Who Lack Capacity

- 9.1 Decision-making capacity refers to the ability that individuals process to make decision, from simple decisions about what to have for dinner to complex decisions about medical treatment for example resuscitation.
- 9.2 It should always be assumed that adults have capacity unless there is clear evidence that suggests otherwise, for a client to be regarded as not having decision making capacity (a formal assessment and documentation of the outcome of the assessment must be evidenced), they must be unable to do any of the following:
  - Understand the information relevant to the decision
  - Retain that information
  - Use or weigh that information as part of the process of making the decision; or
  - Communicate their decision (whether by talking, using sign language, visual aids, or by other means)
- 9.3 The adult client who lacks capacity comes in three categories:
  1. Do not have an appointed attorney/legal surrogate or have not made an advanced care plan but do have family and/or friends
  2. The adult client with a welfare attorney or court-appointed deputy or guardian
  3. The adult client who have no family, friends or other advocates who it is appropriate to consult
- 9.4 **Category One:** The treatment decision rests with the most senior clinician responsible for the client's care. The decision as to whether Bowel Care is appropriate must be on the basis of the client best interests.
  - 9.4.1 Legislation in England and Wales (Mental Capacity Act) requires that best interests' decision must include seeking the views of anyone named by the client as someone to be consulted.
  - 9.4.2 Legislation in Scotland (Adults with Incapacity (Scotland) Act) required Doctors to take account, so far as is reasonable and practicable, of the views of clients nearest relatives and their primary carers.

9.4.3 There is no current legislation in Northern Ireland, but it is good practice to discuss decision-making with people close to them.

9.5 **Category Two:** If the client lacks capacity and have a welfare attorney or guardian, this person must be consulted about their care.

9.5.1 Legislation in England and Wales (The Mental Capacity Act) allows adults who have capacity to give Lasting Power Attorney to make health and personal welfare decisions on their behalf once capacity has been lost.

9.5.2 Legislation in Scotland (Adults with Incapacity (Scotland) Act) allows people over the age of 16 who have capacity to appoint a welfare attorney to make decisions about medical treatment once capacity is lost.

9.5.3 There is no current legislation in Northern Ireland for anybody to make decisions on behalf of people who lack capacity, although those close to the client should be consulted when a best-interest decision is being made.

9.6 **Category Three:** There is only legislation in England and Wales (The Mental Capacity Act) which requires consultation with an independent mental capacity advocate regarding all decisions made by an NHS body or Local Authority about 'serious medical treatment' where people lack capacity and have nobody to speak on their behalf.

## 10. Specific Aspects of Bowel Care

10.1 Bowel care should be delivered in a compassionate, empathetic, respectful, dignified and non-judgmental way. At all times the best interests of the client must be paramount. The following policies and procedures are available to help support Acacium Group workers in their roles:

10.2 Aims of Bowel Management where bowel function with Autonomic dysreflexia:

- Constipation, faecal incontinence may trigger Autonomic Dysreflexia in spinal injury clients which would be a potential for a medical emergency. All care should be included within the clients specific care plan and detail how to avoid AD and what to do if it occurs. Avoiding AD may include, but not be limited to :
  - Complete bowel management within a reasonable time i.e. ideally up to one hour
  - Use minimum necessary physical or pharmacological interventions
  - Maintain short- and long-term gastrointestinal health.

10.3 The overall aim of bowel care is where possible to enable the individual to be in control of their bowel function, as independently as possible and where support is required through a carer this is administered in a safe and appropriate manner.

## 11. Training

11.1 Acacium Group will enable their workers to participate in training in effective bowel management and care. This will be backed up in local induction programmes. The training will be proportionate and relevant to the roles and responsibilities of each worker.

11.2 Arrangements for the delivery of training is the responsibility of the line managers/appropriate others. It is the responsibility of the specialist training team or external learning and development team to organise and publicise educational sessions and keep records of attendance.

## 12. Healthcare regulators

12.1 For the areas of Acacium Group who are registered under Healthcare regulators (Care Quality Commission (CQC), Regulation and Quality Improvement Authority (RQIA) & Scottish Care Inspectorate (SCI)). This policy supports care delivered to a high quality and is compliant to the relevant standards of the Healthcare regulators.

## 13. Implementation Plan

13.1 For consultation, ratification and dissemination of this policy see the Policy for Drafting, Approval and Review of Policies and SOPs.

13.2 This policy will be implemented through:

- Communication of the policy to all relevant workers
- Communication of the policy to all stakeholders
- Raising awareness and understanding of the policy and related processes throughout the organisation through committee meetings, Acacium Group worker's meetings, Acacium Group Knowledge Room on the intranet, the website and general communication
- Through Acacium Group induction programmes and related training

### 13.3 Audit and monitoring

13.3.1 The Clinical Director will monitor compliance with this policy. See also the policy author's responsibilities in Table 2 in the Acacium Group Policy for Drafting, Approval and Review of Policies and SOPs.

13.3.2 Processes for monitoring the effectiveness of this policy include:

- Audits of specific areas of practice
- Evidence of learning across the organisation
- Appraisal and Personal Development Plans (PDPs)

13.3.3 The audit will:

- Identify areas of operation that are covered by this policy
- Set and maintain standards by implementing new procedures, including obtaining feedback where the procedures do not match the desired levels of performance
- Highlight where non-conformance to procedures has occurred and suggest a tightening of controls and adjustment to related procedures
- Report the results to the Governance Committee via the Clinical Director

13.3.4 Specific elements for audit and monitoring are the:

- Investigation of incidents in a manner appropriate to their severity
- Standard of documentation
- Completion of relevant action plans
- Aggregation of incidents and claims
- Frequency and appropriateness of logging incidents
- Management of incidents according to timescales
- Evidence of structured learning across Acacium Group

## 14. Associated Policies / SOPs

### Policies

CATH 04 Catheter Management for Urinary Catheters that Block, Bypass or are Expelled with Balloon Intact Policy  
CLIN 01 Clinical Risk Management Policy  
CLIN 03 Medicines Management Policy  
CLIN 06 - Consent Policy  
CLIN 07 Infection Prevention Policy  
CLIN 10 Allergy Prevention Policy  
CLIN 17 Safe Use of Bed Rails Policy  
CLIN 18 Manual Handling Policy  
CLIN 19 Resuscitation: Adults and Children Policy  
CLIN 20 Activities of Daily Living Policy  
CLIN 24 Personal Care/Hygiene Policy  
CLIN 32 Pressure Ulcer Prevention and Management  
CORP11 Risk Management Strategy Policy  
ORG 03 Health and Safety Policy  
ORG 10 Violence and Aggression in the Workplace Policy  
ORG 24 Duty of Candour Policy

### SOPs

SOP BOWEL 01 Manual Evacuation  
SOP BOWEL 02 Bowel Management Suppository Insertion  
SOP BOWEL 03 Bowel Management Enema Administration  
SOP BOWEL 04 ACE  
SOP BOWEL 05 Digital Rectal Stimulation  
SOP BOWEL 06 Peristeen Bowel Management  
SOP GEN 06 Chaperoning Service Users  
SOP GEN 10 Stoma Care  
SOP GEN 23 Vital Signs & Observations  
SOP MEDS 02 Oral Administration  
SOP MEDS 03 Rectal Administration  
SOP MEDS 09 Removing Discontinued and Out of Date Medicines  
SOP RISK 01 Risk Assessment  
SOP GEN 06 Chaperoning Service Users

## 15. References

- World Health Organization (WHO) (1948) Definition of health
- Walsh M, Stephens P et al (2005) Health & Social Care. Collins ISBN 0-00-719788-8
- Guidance about Equality Act in service provision:  
[https://www.equalityhumanrights.com/sites/default/files/equality\\_act\\_summary\\_guidance\\_on\\_services.pdf](https://www.equalityhumanrights.com/sites/default/files/equality_act_summary_guidance_on_services.pdf)
- Equality Act 2010: What do I need to know?  
[http://www.equalities.gov.uk/equality\\_act\\_2010/equality\\_act\\_2010\\_what\\_to\\_in.aspx](http://www.equalities.gov.uk/equality_act_2010/equality_act_2010_what_to_in.aspx)
- Lord Darzi (2008) High Quality Care for All
- Department of Health (2010) A Vision for Adult Social Care: Capable communities and active citizens
- Commission for Social Care Inspection (2008) Putting People First: Equality and diversity matters 1: Providing appropriate services for lesbian, gay and bisexual and transgender people

- Care Quality Commission and Equality and Human Rights Commission (2010) Equality and human rights in essential standards of quality and safety. An overview
- Care Quality Commission and Equality and Human Rights Commission (2010) Equality and human rights in essential standards of quality and safety. Equality and human rights in outcomes
- The Establishments and Agencies (Fitness of Workers) Regulations (Northern Ireland) 2008 (No.346)
- Bowel Care, including digital rectal examination and manual removal of faeces (RCN updated Sept 2019)
- Guidelines for the use of rectal irrigation (St Marks Hospital updated 2009) (Norton)
- Kyle G, Dunbar T, Prynne P. 2008 The procedure for the digital removal of faeces. Norgine Ltd
- Skills for Health National Occupational Standards 2008, available at [www.skillsforhealth.org.uk/competences/completed](http://www.skillsforhealth.org.uk/competences/completed) competences project/list/continence-care
- The individual's right to self-determination and autonomy (RCN 2000)
- NMC Code of Conduct

## Appendix A: About Acacium Group

Acacium Group consists of a number of trading companies, each providing services within core niche areas of the health and social care industries. Therefore, as this document is a Group Policy, the Policy herein applies to all trading companies detailed below:

 Part of Acacium Group	 Part of Acacium Group	 Part of Acacium Group
		 multistaffing   one solution
 Part of Acacium Group	 Part of Acacium Group	 Part of Acacium Group
 Part of Acacium Group	 Part of Acacium Group	 Part of Acacium Group
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## Appendix B: Legislation

1. This Policy is based on the following legislation and national guidance as set out in the table below.

Act, policy, guidance	Explanation
<b>Human Rights Act 1998, England, Wales, Scotland and Northern Ireland</b>	The Human Rights Act 1998 incorporates the European Convention of Human Rights into the legal system of Northern Ireland, England and Wales and Scotland. It is an Act to give further effect to rights and freedoms guaranteed under the European Convention on Human Rights; to make provision with respect to holders of certain judicial offices who become judges of the European Court of Human Rights; and for connected purposes
<b>Bowel Care, including digital rectal examination and manual removal of faeces (RCN 2008 revised in Sept 2019)</b>	Although this document is written primarily for a nursing audience, it can also be used by other healthcare professionals to support them in undertaking a wider range of activities relating to many aspects of lower bowel dysfunction
<b>Chelvanayagam S, Norton C. 2004 Practical management of faecal incontinence. In Norton C, Chelvanayagam S (eds) Bowel Continence</b> <b>Nursing. Beaconsfield</b>	Guideline to achieve effective bowel management for clients with a spinal cord lesion the guidance was instigated following the National Patient Safety Agency information release "Improving the Safety of Patients with Established Spinal Cord Injuries During Hospital Admissions" (2004)
<b>Guidelines for the use of rectal irrigation (St Marks Hospital updated 2009) (Norton)</b>	Clinical guidelines set out for public use by St Marks Hospital, London
<b>Kyle G, Dunbar T, Prynn P. 2008 The procedure for the digital removal of faeces. Norgine Ltd</b>	The development of an evidence-based procedure for the digital removal of faeces (DRF) and the problems and barriers encountered-not least the absence of primary evidence
<b>Health &amp; Safety at Work Act 1974</b>	The Health & Safety at Work Act 1974 requires that all organisations with more than three staff have in place processes to promote the health and safety of their staff.
<b>Control of Substances Hazardous to Health (COSHH) Regulations 2002</b>	Latex is classed as a hazardous substance which is covered by the Health and Safety Executive's Control of Substances Hazardous to Health (COSHH) Regulations 2002. Under the regulations, organisations have a duty to assess the risk, eliminate, substitute, and limit and control exposure to latex, unless there is a need to use it.
<b>RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences) Regulations 1995</b>	There is a requirement to report diagnosed cases of Occupational dermatitis (schedule 3) to RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences) Regulations 1995

## 2. Equality and diversity

Under the Race Relation (Amendment) Act 2000 Acacium Group has a statutory duty to 'set out arrangements to assess and consult on how their policies and functions impact on race equality', in effect to undertake Equality Impact Assessments (EIA) on all policies and SOPs. The Equality Act October 2010 demands a similar process of Equality Impact Assessment in relation to disability. An EAI must be completed by the author of this policy using the checklist provided in Appendix A. See also Acacium Group Equality and Diversity policy.

3. All workers are expected to deliver care and support in a manner which respects the individuality and choice of each client and their carers and treat users of Acacium Group services and their carers fairly, and members of the workforce respectfully, regardless of age, gender, race, ethnicity, religion/belief, disability or sexual orientation.