

Caring for Children that Require Clean Intermittent Catheterization (CIC) in a Community Program

Unified Referral and Intake System (URIS)
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Clean Intermittent Catheterization

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INTRODUCTION

The Unified Referral and Intake System (URIS) is a joint initiative of the provincial Departments of Health, Family Services and Education and Early Childhood Learning. URIS supports community programs in the care of children with specific health care needs. Community programs that are eligible for URIS support include schools, licensed child care facilities and agencies providing respite service.

URIS provides a standard means of classifying the complexity of health care needs and establishes the level of qualification required by personnel to support children with these health care needs. Health care needs that are classified as 'Group B' can be delegated to non-health care personnel who receive training and monitoring by a registered nurse.

For children with 'Group B' health needs (e.g. clean intermittent catheterization), the nurse provides the following support:

- develops and maintains a written health care plan;
- provides training to community program personnel that are responsible for the child; and
- monitors community program personnel that receive training.

This document provides standard clinical information that is relevant to the care of children who require clean intermittent catheterization during attendance in a community program setting.

CLINICAL INFORMATION

The following information is considered best practice in community program settings and is the basis for all catheterization information contained in this document.

Anatomy of urinary system and external genitalia

The urinary system filters water and waste material from the blood and removes it from the body as urine. The urinary system includes the kidneys, ureters, bladder, urethra and urethral opening.

The kidneys are two fist-size organs, one on each side of the body in the lower back area. They clean the blood by taking out waste products and combining it with water to make urine. The kidneys cannot store urine. If urine collects in the kidneys, pressure builds up and damage occurs. If the kidneys are damaged, they cannot clean the blood.

Ureters are narrow tubes that carry the urine from the kidneys to the bladder. They have a one-way valve that stops urine from backing up into the ureters and kidneys. This abnormal backflow of urine into the kidneys is called reflux.

The bladder stores the urine. It is like a balloon made of muscle which stretches as urine collects in it. When the bladder is full, nerves send a signal to the brain that gives a person the feeling of having to go to the bathroom (void). When the nerves in and around the bladder do not work, there is no feeling of having to void. This is called a neurogenic bladder.

The urethra is a tube leading from the bladder to the outside opening of the body. It is surrounded by a muscle called the urinary sphincter, which opens to allow urine to flow out or remains closed to keep urine from leaking to the outside. The urethra also has one-way valves that help the urine flow only one way and stop urine from leaking out until they open.

The urethral opening is the external opening of the urinary system. In males, it is at the tip on the penis. In females, it is between the labia, just above the vagina. There are three openings in the female perineum including the urethral opening, vagina and anus.

Clean Intermittent Catheterization (CIC)

Catheterization may be necessary when a child is unable to empty his/her bladder on their own, when the bladder leaks urine and/or when high pressure has developed in the bladder. For example, many children with spina bifida cannot control the sphincter muscle which causes urine to leak out or back up.

Emptying the bladder is necessary to prevent damage to the bladder and kidneys. If the bladder is not emptied completely it can cause abnormal stretching and shaping of the bladder. When urine stays in the bladder, germs can grow and lead to urine, bladder and/or kidney infection. A full bladder puts pressure on the kidneys and can cause kidney damage. The most important reason for CIC is to preserve kidney function.

CIC is a clean technique performed at regular intervals. Intermittent catheterization is preferable to an indwelling urinary catheter because it has a lower risk of infection and other complications. CIC should be performed in a private room that has suitable hand washing and toilet facilities.

Based on the child's average output of urine, CIC is usually performed four to six times during the day. Less frequent catheterization results in higher urine volumes and places the child at increased risk for developing a urinary tract infection (UTI). When starting CIC, the parent/guardian or community program personnel may need to record the amount of urine drained from the bladder to ensure catheterization is being performed at appropriate intervals. If the child voids, catheterization should always be performed after voiding to ensure the bladder is empty.

Supplies

Catheters

There are many different catheters available for CIC. Factors that may be considered when choosing a catheter may include the cause of bladder dysfunction, the child's health care condition, dexterity, visual impairment, urethral sensibility, gender and age.

Catheter types are gender specific, acknowledging the anatomical difference in urethral length between males and females. Catheters with lengths of approximately 40 cm allow for adequate passage through a male urethra. Women and children, whose urethras are shorter in length, may use a shorter catheter of 20 to 40 cm.

Catheter diameter is measured in French (Fr) units. Sizes range from 6 to 12 Fr for children. The funnel end of the catheter is usually colour-coded to identify the size.

Catheters may be used for up to one month and cleaned after every use. A catheter should not be used if it has visible cracks or residue.

It is recommended to use a water soluble lubricant (e.g. KY jelly) for CIC performed in community program settings. Vaseline should not be used as it does not dissolve in water and will collect in the urethra.

Urinary tract infection

Urinary tract infection (UTI) is the most frequent complication of CIC. Neurogenic bladders are more susceptible to UTIs. UTIs can occur as a result of not emptying the bladder often enough, not emptying the bladder completely, inadequate fluid intake, poor catheterization technique or catheter care or traumatic catheterization. UTIs are serious as they can spread to the kidneys and cause damage. Catheterizing the bladder completely, regularly and cleanly lowers the risk of UTIs.

The following strategies can reduce the risk of UTIs and should be implemented consistently by community program personnel when performing clean intermittent catheterization.

- Wash hands thoroughly before performing (CIC).
- Wash the child's genitalia daily with soap and water.

- Clean the perineum from front to back before every female catheterization.
- Perform CIC before bowel movements to minimize bacterial contamination of the urethra.
- Ensure the correct positioning of the male urethra during insertion of the catheter to minimize trauma as the catheter passes through curved portions of the urethra.
- Avoid touching the tip of the catheter and/or letting it touch other surfaces.
- Use a generous amount of lubricant along the length of the catheter, especially for males. Dry catheters may cause abrasions in the urethra, which can provide an entry point for bacteria.
- Empty the bladder completely with each CIC. Keeping the bladder as empty as possible assists in preventing over-distension of the bladder and increases in intravesical pressure that can lead to inadequate blood supply to the bladder wall.
- The child should be catheterized at least four to six times a day and should not go more than eight hours at night between catheterizations.

The child should drink plenty of fluids to help prevent UTIs. Lactobacillus (e.g. yogurt) has been shown to prevent bacteria from growing in the urethra.

Bladder spasms

Bladder spasms are the squeezing of the bladder muscles over which a person has no control. Bladder spasms can cause leaking of urine around the catheter, wetting, reflux of urine into the kidney, difficulty when inserting a catheter and failure to get urine flow when catheterizing.

The following strategies are recommended to prevent bladder spasms.

- The child should be catheterized on a regular basis.
- When catheterizing, the bladder should be emptied completely.
- The catheter should be inserted slowly and gently during catheterization. Do not use force.

Male clean intermittent catheterization

Before catheterization

1. Wash your hands well with mild soap and warm water. Rinse and dry your hands with a clean towel, paper towel or air dryer. Take care not to touch anything (e.g. sink handles, door handle). If you need to use your hands, protect them with a paper towel.
 - CIC should be performed in a private room that has suitable hand washing and toilet facilities.

2. Gather the supplies.
 - Catheter
 - Water soluble lubricant (e.g. KY jelly)
 - Protective pad or towel
 - Mild soap and warm water
 - Clean washcloth or disposable wipes
 - Clean towel
 - Disposable gloves – **If child has spina bifida, latex free gloves and catheters are required.**
 - Container to drain urine into if not using toilet
 - Clean, dry, airtight, plastic container to store catheter
3. Put on the gloves.
4. Inspect the catheter and replace it if it has cracks and/or visible residue.

Catheterization

1. Apply a small amount of lubricant about two and a half to five centimetres along the end of the catheter with the smooth tip. Place it on the clean towel. Do not touch the tip of the catheter.
2. Position the child comfortably with the protective pad or towel under their buttocks. Arrange their clothing so that you can see the urethral opening.
 - If the child is diapered and there is stool present, the child should be cleaned well and remove your gloves. Wash your hands again and put on fresh gloves.
3. Wash from the tip to the base of the penis in a circular motion. Rinse soap away with water on a washcloth. When catheterizing after a bowel movement, clean the penis twice.
4. If child is not circumcised, gently draw the foreskin back with one hand before washing. Do not let the foreskin slip back over the head of the penis once it is cleaned.
5. Grasp the mid-portion of the penis and hold it in an upright position.
6. Hold the catheter about five centimetres from the tip with the other hand. You may need to loop the catheter in your hand so the other end does not touch anything and to direct the flow of urine.
7. Slowly insert the catheter into the urethral opening until urine starts to flow. Then, insert it one inch further.
8. Place the other end of the catheter into the urine collection container ensuring that it drains into the container. Hold the catheter in place until the urine stops flowing. Ensure the end of the catheter does not sit in the urine that is flowing into the container to avoid urine backflow into the catheter.

9. To help all the urine drain from the bladder, have the child sit up and push with his abdominal muscle, like coughing.
10. When the urine stops draining, slowly withdraw the catheter.
11. If more urine starts to drain as you withdraw the catheter, stop withdrawing and let the rest of the urine drain. Wait until the flow stops again and slowly withdraw the catheter. Repeat this until there is no more urine.
12. Wash and dry the penis once the catheter is removed.
13. Bring the foreskin back over the end of the penis, if uncircumcised.

After catheterization (including cleaning the catheter)

1. Empty the urine container into the toilet.
2. Clean the catheter with mild soap and warm water. Do not allow the catheter to touch the sink.
3. Rinse the inside and outside of the catheter well.
4. Dry the catheter with a clean towel. Shake it in the air a few times to dry the inside. You may also use a syringe to force some air into it to dry the inside.
5. Put the catheter in a clean and dry airtight container. A clean Kleenex or paper towel may be placed in the container to absorb any moisture.
6. Remove and discard the gloves.
7. Wash your hands and document.

Female clean intermittent catheterization

Before catheterization

1. Wash your hands well with mild soap and warm water. Rinse and dry your hands with a clean towel, paper towel or air dryer. Take care not to touch anything (e.g. sink handles, door handle). If you need to use your hands, protect them with a paper towel.
 - CIC should be performed in a private room that has suitable hand washing and toilet facilities.
2. Gather the supplies.
 - Catheter
 - Water soluble lubricant (e.g. KY jelly)
 - Protective pad or towel
 - Mild soap and warm water
 - Clean washcloth or disposable wipes
 - Clean towel

- Disposable gloves – **If child has spina bifida, latex free gloves and catheters are required.**
 - Container to drain urine into if not using toilet
 - Clean, dry, airtight, plastic container to store catheter
3. Put on the gloves.
 4. Inspect the catheter and replace it if it has cracks and/or visible residue.

Catheterization

1. Apply a small amount of lubricant about two and a half to five centimetres along the end of the catheter with the smooth tip. Place it on the clean towel. Do not touch the tip of the catheter.
2. Position the child comfortably with the protective pad or towel under their buttocks. Arrange their clothing so that you can see the urethral opening.
 - If the child is diapered and there is stool present, the child should be cleaned well and your gloves removed. Wash your hands again and put on fresh gloves.
3. Move the skinfolds (labia) apart and hold them open with your fingers.
4. Clean the area around the urethral opening from front to back with a washcloth, mild soap and warm water OR disposable wipes. Rinse the soap away with water on a washcloth. When catheterizing after a bowel movement, clean the perineum twice.
5. Keep the skinfolds (labia) held apart to avoid contamination.
6. Hold the catheter about five centimetres from the tip with the other hand. Do not touch the tip of the catheter. You may need to loop the catheter in your hand so the other end does not touch anything and to direct the flow of urine.
7. Slowly insert the catheter into the urethral opening until urine starts to flow. Then, insert it one inch further. Aim the catheter upward as you insert it to prevent it from slipping into the vagina.
 - If the catheter is inserted into the vagina, remove the catheter and wash it with mild soap and warm water and rinse it off before catheterizing again. If continual problems, keep the catheter in the vagina as a landmark and use a second catheter for the urethra.
8. Place the other end of the catheter into the urine collection container ensuring that it drains into the container. Hold the catheter in place until the urine stops flowing.
9. To help all the urine drain from the bladder, have the child sit up and push with her abdominal muscle, like coughing.
10. When the urine stops draining, slowly withdraw the catheter.
11. If more urine starts to drain as the catheter is withdrawing, stop withdrawing and let the rest of the urine drain. Wait until the flow stops again and slowly withdraw the catheter. Repeat this until there is no more urine.
12. Wash and dry the perineum once the catheter is removed.

After catheterization (including cleaning the catheter)

1. Empty the urine container into the toilet.
2. Clean the catheter with mild soap and warm water. Do not allow the catheter to touch the sink.
3. Rinse the inside and outside of the catheter well.
4. Dry the catheter with a clean towel. Shake it in the air a few times to dry the inside. You may also use a syringe to force some air into it to dry the inside.
5. Put the catheter in a clean and dry airtight container. A clean Kleenex or paper towel may be placed in the container to absorb any moisture.
6. Remove and discard the gloves.
7. Wash your hands and document.

Potential problems and required actions

Pain or discomfort during catheterization can be worsened by tension and anxiety.

1. Ensure the catheter is appropriately lubricated.
2. Ensure correct positioning of the catheter when inserting it.

Difficulty inserting the catheter may be due to tightened muscles caused by anxiety, bladder spasms or presence of a urethral stricture.

For males

1. Hold the catheter in place and ask the child to take a few deep breaths and cough to help relax the muscles.
2. Use gentle pressure to push the catheter past this point. Do not use force.
3. Roll the catheter or move it in and out a bit.
4. Gently straighten the penis.

For females

1. Hold the catheter in place and ask the child to take a few deep breaths and cough to help relax the muscles.
2. Check the catheter placement. It may be in the vagina. If so, remove the catheter and clean with soapy water and try again.

No urine with catheterization may be due to improper placement of the catheter or the bladder may be empty.

1. Check for placement of the catheter.
2. Ensure there are no kinks in the catheter.
3. Slowly withdraw the catheter.
4. If there is no urine on the child's clothes/diaper and no urine with catheterization, contact the parent/guardian.

Bleeding from the urethra may be due to trauma to the urethra or a urinary tract infection.

1. Stop catheterization.
2. Notify the parent/guardian.

Urinary tract infection (UTI)

Signs of a UTI includes cloudy urine, blood in urine, foul odour, colour changes in urine and/or unusual wetting between catheterizations.

1. Perform catheterization.
2. Notify the parent/guardian.

Catheter is inserted into the vagina

1. Remove the catheter and wash it with mild soap and warm water and rinse it off before catheterizing again.
2. Aim the catheter upward as you insert it to prevent it from slipping into the vagina.
3. If continual problems, keep the catheter in the vagina as a landmark and use a second catheter for the urethra.

Catheter is inserted and won't come out

1. Contact the parent/guardian.
2. If unable to contact the parent/guardian or alternate contact, call the child's physician for direction.

Infection control guidelines

Infection control is important for the health of the child being cared for as well as for the health of the community program personnel who are providing care to the child. The following practices are intended to prevent transmission of infection when caring for children. These practices are to be used when caring for all children, not just those who pose a risk.

Hand washing

Hand washing is the single most important method in preventing the spread of infection and illness. Proper hand washing includes the use of soap and warm water, rubbing hands together to create some friction for at least 30 seconds, rinsing hands under running water, drying hands and turning off the faucet using a paper towel to avoid germs from the tap. When soap and water are unavailable, a waterless skin antiseptic with no less than 92% alcohol base may be used as a temporary method if the hands are not visibly soiled.

Hand washing should occur:

- before and after contact with body fluids, even if gloves are worn;
- immediately if in contact with blood or body fluids;
- before and after removal of gloves;
- before and after contact with the child; and
- before and after taking breaks.

Gloves and other personal protective equipment

Gloves, masks and protective eyewear are intended to reduce the spread of infection to and from the caregiver and from child to child.

Latex or vinyl gloves are to be worn in the following situations:

- direct care with a child that involves possible contact with blood or body fluids (e.g. mucous, sputum, urine, feces, saliva, vomit, nasal secretions);
- cleaning up spills of blood or body fluids;
- handling items soiled with blood or body fluids;
- contact with open wounds or sores;
- performing mouth care;
- assisting the child with toileting/diapering; and
- the caregiver has broken skin on the hands.

Removing gloves

1. Grasp the outer cuff of one glove using the other gloved hand.
2. Pull the glove off your hand, allowing it to turn inside out.
3. Grasp and hold the removed glove inside the palm of the gloved hand.
4. Place the thumb of the ungloved hand underneath the cuff of the gloved hand, and remove it by pulling it inside out, over the first removed glove.

Disposal of contaminated items

Disposable items (e.g. gloves, medical supplies) that may be contaminated with blood or body fluids should be double bagged before discarding. A separate waste container should be designated for this purpose.

Needles, lancets, syringes and other sharp objects should be placed into a puncture-proof container immediately after use.

Cleaning of contaminated surfaces

Areas that have been contaminated with blood or bodily fluids should be promptly cleaned with absorbent disposable paper toweling which is then disposed of into plastic garbage disposal. The area should then be cleaned with water and detergent followed by disinfection of the surface with household bleach (one part bleach to nine parts water) and allowed to air dry. If mops are used in the cleanup, they should be thoroughly washed with soap and water and dried before re-use.

Self-care

It is important to encourage the child's participation in their own health care and to foster their independence, as appropriate. The ability of the child to provide their own health care can give them greater freedom during their participation in the community program. Some children can independently perform CIC between the ages of eight and twelve years.

The amount of assistance a child requires with their health care procedures will vary depending on the complexity of the procedure and the developmental and functional level of the child. Each child must be individually assessed as to their physical and psychosocial abilities to determine their ability to assist in or perform health care procedures. Many children with physical disabilities can learn to direct the care provider and/or assist during aspects of the health care procedure. Some children may be capable of learning to self-perform health care procedures.

In addition to the child's developmental/functional stage, other factors that may be relevant in their ability to assist in or self-perform health care procedures include:

- ability to tolerate required position and/or procedure;
- fine motor and self-help skills;
- ability to imitate others;
- ability for independence;
- acquisition of self-recognition and self-identity;
- emotional development to feel comfortable with the procedure; and
- ability to problem solve in familiar and unfamiliar settings.

Methods used to teach self-care might include simulation or demonstration. Using an anatomically correct doll to teach children how to self-perform health care procedures can be useful, as dolls are associated with play, which may enhance the child's participation. Because simulation on a doll is non-invasive, there is more opportunity for teaching and any possible embarrassment to the child is minimized. The process also lessens the child's anxiety and desensitizes the child so that he or she may successfully perform the procedure on themselves. Finally, the use of a doll allows potential errors to be detected before performing the actual procedure. The use of anatomical illustrations, videotapes or other visual aids also provide opportunities to demonstrate health care procedures to the child. A mirror may be used to show the child anatomical landmarks on their own body.

HEALTH CARE PLAN

When a community program receives URIS Group B support for children with URIS 'Group B' health care needs, a written health care plan is developed and maintained by a registered nurse minimally on an annual basis. The development and implementation of the health care plan should reflect the principles of inclusion, normalization and independence.

- A child who requires CIC is foremost a child within a family, child-care facility, classroom or other community program.
- The environment should be changed to support the child, not the child changed to suit the environment.
- Interventions should be as non-intrusive as possible and delivered in a manner that respects the child's dignity and privacy as well as the normal routines and patterns of the community program.
- The parent/guardian and child have rights and obligations and should be encouraged to actively participate in decisions affecting them.

Consultation with the parent/guardian and community program is required to develop a health care plan that is relevant to the child's needs and appropriate within the community program setting. For some children, the management of their health care needs within the community program may be complex and require consultation with health care professionals who are involved with the child.

When a child has multiple health care needs, all relevant information should be integrated into one comprehensive health care plan. The format should be user friendly and include information that is required to manage the child's health care needs in a safe and appropriate manner during attendance at the community program.

The health care plan should be kept in a location that is secure and accessible. Community program personnel that are responsible for the child should be aware of its location. The health care plan should accompany the child on excursions outside the facility.

Content

The following information is included in the health care plan for CIC.

Demographic information

- Child's name
- Birth date
- Community program name
- Parent(s)/guardian(s) name and phone number(s)
- Alternate emergency contact name and phone number(s)

- Urologist name and phone number
- Family physician/pediatrician name and phone number

Medical information

- Medical diagnoses and other relevant conditions
- Known allergies
- Latex allergy alert, if relevant to the child
- Availability of Medic-Alert® identification
- Prescribed medications
 - If medication is administered at home, the name of medication is required.
 - If medication is administered at the community program, drug name, dose, location, time and route of administration is required.

Catheterization information

- Reason for catheterization
- Child's ability to catheterize independently
- Baseline information including urine colour, amount of urine per catheterization, pattern of continence, frequency of urinary tract infections
- Supplies
 - Name, size and length of catheter
 - Timeline for replacing catheter
 - Other supplies used (e.g. lubricant)
- Procedural details
 - Time/frequency
 - Location
 - Procedural details (male or female)
- Record of clean intermittent catheterization performed
 - Date/time
 - Amount of urine
 - Issues/comments
 - Signature of community program personnel

Potential problems and how to respond

- Pain or discomfort during catheterization
- Difficulty inserting the catheter
- No urine with catheterization
- Bleeding from the urethra
- Urinary tract infection
- Catheter is inserted into the vagina (female only)
- Catheter inserted and won't come out
- Responding to anaphylaxis, if child has latex allergy or allergy alert – see Anaphylaxis Clinical Practice Guidelines

Strategies to Prevent Urinary Tract Infections and Bladder Spasms

Documentation

- Template for recording interventions and actions performed by the nurse and/or community program personnel (e.g., communication, actions taken)
- Signatures and dates
 - Nurse signature and date(s) of health care plan development/review
 - Parent/guardian signature and date

TRAINING

When a community program receives URIS 'Group B' support, training is provided to community program personnel by a registered nurse. Training is provided minimally on an annual basis. The training of community program personnel should reflect the principles of adult learning.

- The learning needs of participants should be identified and integrated into the training session.
- Information should be applicable to the participants' responsibilities and focus on what is most useful to them.
- Adults have accumulated a foundation of life experiences and knowledge and need to connect learning to this knowledge base.
- An organized training session with clearly defined elements assists participants in identifying and attaining learning goals.

It is the responsibility of the community program to designate community program personnel to receive training. An adequate number of community program personnel should receive training to ensure there are trained personnel available throughout the child's attendance at the community program. In addition, community program personnel that receive training should have adequate opportunity to perform the task of catheterization so their knowledge and skill is retained. It is recommended that the child who requires CIC does not attend the community program if trained community program personnel are not available. In such situations, alternate arrangements should be made (e.g. parent/guardian performs catheterization at the community program).

It is practical for CIC to be undertaken by community program personnel as they have a common law duty of care to behave as a responsible, careful parent would do to promote the welfare, health and safety of the child. The delegation of CIC to non-health care personnel by a registered nurse is safe and appropriate. Extensive research has shown that caregivers performing CIC pose no more risk than an individual performing self-catheterization.

To promote the child's privacy and dignity, community program personnel that are designated to perform catheterization should be familiar and acceptable to the child. In addition, the number of personnel present during the procedure should be kept to a minimum. The intimate nature of CIC may raise concerns about child protection. However, community programs that receive URIS Group B service are required to access the Child Abuse Registry to determine whether employees are listed on the Registry. This process allows community program personnel to provide intimate care without requiring a second person present.

Adequate time should be scheduled for training to ensure community program personnel obtain the knowledge and skill necessary to safely care for the child who requires CIC. The amount of time required to train community program personnel will vary depending on factors such as the existing knowledge of community program personnel and number of personnel trained. CIC should be taught and performed in a low-stress setting. It is required to keep a written record of training provided to community program personnel.

Content

The following clinical information and child-specific information is included in the training session.

Clinical information

- Urinary system
- Clean intermittent catheterization
- Strategies in preventing urinary tract infections and bladder spasms
- Demonstration and return demonstration of clean intermittent catheterization
- Potential problems
- Cleaning and storage of supplies
- Infection control including effective hand washing technique

Providing an overview of anatomy with pictures or the use of an anatomic model of the perineum may be used for training purposes. Many catheter manufacturers have visual guides or videos that can be used for teaching purposes.

Child-specific information

- Baseline information including urine colour, amount of urine per catheterization, pattern of continence, frequency of UTIs
- Supplies
 - Name, size and length of catheter
 - Frequency of replacing catheter
 - Other supplies used (e.g. lubricant)
- Catheterization
 - Time/frequency
 - Location

Training Resources

If alternate resources are used, it is the responsibility of the nurse to ensure its content is consistent with the clinical information included in this document.

- Clean Intermittent Catheterization Handout – Female
- Clean Intermittent Catheterization Handout – Male

MONITORING

Monitoring of trained community program personnel by a nurse is required to ensure that the knowledge and skill necessary to safely care for children that require CIC has been retained.

The frequency and timing of monitoring is based on the professional judgment of the nurse as well as the complexity of information taught, maturational issues and the skill demonstrated by community program personnel. Some monitoring strategies are listed below.

- Community program personnel complete questions about their knowledge and skill.
- After training is complete, the nurse observes the community program personnel performing CIC for the child at a later date.

The community program may also request additional monitoring if personnel have questions/concerns and/or require additional support to ensure they are responding to the child's needs in a safe and appropriate manner.

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