

Activity 5 – Managing toilet needs or incontinence

This activity considers a claimant's ability to get on and off the toilet, to clean afterwards and to manage evacuation of the bladder and/or bowel, including the use of collecting devices.

This activity does **not** consider the ability to manage clothing, climb stairs or mobilise to the toilet.

Notes:

Managing incontinence means the ability to manage involuntary evacuation of the bladder and/or bowel including self-catheterisation, incontinence pads, using collecting devices and cleaning oneself afterwards.

Claimants with indwelling (permanent) catheters or stoma are considered incontinent for the purposes of this activity.

If the urinary tract is normal there will be little risk of incontinence, no matter how long it takes to mobilise to the toilet. If there is, however, a bladder problem and the claimant will be incontinent before they reach the toilet, then a commode could be considered as an aid for the bladder condition (toilet needs) not the mobility problem (mobility needs). Urinary tract conditions that cause urgency of micturition will be relevant, other urinary tract conditions may not be relevant.

When considering whether a claimant requires an aid or appliance, HPs should distinguish between:

- an aid or appliance that a claimant must use or could reasonably be expected to use, in order to carry out the activity safely, reliably, repeatedly and in a timely manner; and
- an aid or appliance that a claimant may be using or wish to use because it makes it easier to carry out the activity safely, reliably, repeatedly and in a timely manner.

Descriptor advice in favour of an aid or appliance should only be given in the former case. An aid or appliance is not required in the latter.

Where a claimant chooses not to use an aid or appliance that he or she could reasonably be expected to use and would enable them to carry out the activity without assistance, they should be assessed as needing an aid

or appliance rather than a higher level of support.		
A	Can manage toilet needs or incontinence unaided.	0
<p>Within the assessment criteria, the ability to perform an activity 'unaided' means without either the use of aids or appliances; or help from another person.</p> <p>Descriptor A may be appropriate for claimants who use a commode due to limited mobility (to the toilet) but can manage their toilet needs or incontinence. If the urinary tract is normal there will be little risk of incontinence, no matter how long it takes to mobilise to the toilet. If there is, for example, a bladder problem and the claimant will be incontinent before they reach the toilet, then the commode is being used as aid for the bladder condition (toilet needs) not the mobility problem (mobility needs). Urinary tract conditions that cause urgency of micturition will be relevant, other urinary tract conditions may not be relevant.</p>		
B	Needs to use an aid or appliance to be able to manage toilet needs or incontinence.	2
<p>For example: the claimant is unable to use a standard toilet due to their health condition or impairment. Suitable aids could include commodes, raised toilet seats, bottom wipers, incontinence pads or a stoma bag.</p>		
C	Needs supervision or prompting to be able to manage toilet needs.	2
<p>'Prompting' means reminding, encouraging or explaining by another person. For example: may apply to claimants who need to be reminded to go to the toilet or need supervision to get on and off the toilet safely.</p>		
D	Needs assistance to be able to manage toilet needs.	4
<p>This descriptor only refers to claimants who require assistance to get on and off the toilet and/or to clean themselves afterwards, but</p>		

	not to claimants who require assistance due to incontinence. Claimants requiring assistance who are also incontinent are covered by descriptors 5E and 5F.	
E	Needs assistance to be able to manage incontinence of either bladder or bowel.	6
F	Needs assistance to be able to manage incontinence of both bladder and bowel.	8