Catheter Bags

Follow AHS Infection Prevention & Control Critical and Semi-Critical Single Use Medical Device Policy.

An exception to the AHS Single-use Medical Device Policy has been approved for the cleaning and reuse by the same client of urinary catheter drainage bags used for indwelling catheterization for up to 7 days or with urinary catheter change. Specifically, the exception for urinary catheter drainage bags is only applicable to Designated Supportive Living and Home Living programs and Long Term Care. Urinary catheter drainage bags should not be cleaned and reused in Acute Care settings.

Cleaning Urinary Drainage Bags in Home Living, Supportive Living, and Long Term Care

Perform hand hygiene before and after manipulating the catheter tubing and bag.

Do not place additives, such as antiseptic or antimicrobial solutions in the catheter drainage bag.

Maintain closed sterile drainage system for indwelling catheters.
- When ends are disconnected clean the ends with an AHS approved antiseptic before connecting, follow Single Use Medical Device Policy above.
- When changing the catheter, change all components of the system, including urinary catheter drainage bag.

Positioning the Catheter Bag

- Place the bag in a dependent position, about 30 cm (12 inches) below the level of the hips to promote drainage by gravity.
- If the tubing must be raised for an extended period of time (e.g. transport) then keep the tubing above the level of the drainage bag whenever possible and free of kinks.
- Do not attach the drainage bag to bed rails as the bag and catheter can be pulled when the rails are adjusted.
- Do not rest the bag on the floor.
- Tape the connections if there is a risk that the catheter and tubing may be disconnected (e.g., confused patient).

Improper Positioning of Drainage Bags can lead to:
- Inadvertent dislodgement of the catheter
- Pressure necrosis and erosion
- Bleeding
- Trauma
- Pressure sores around meatus
- Bladder spasms from pressure and traction.

**Emptying the Catheter Bag**
- Perform hand hygiene before donning gloves and after doffing gloves.
- Use a new pair of gloves for each patient when emptying the drainage bag.
- Use a separate, clean container for each patient. Use a patient specific clean collection container to empty drainage bag.
- Avoid contact between the catheter bag valve and the container.
- Empty the drainage bag at least every 4 to 8 hours or when the bag is half full, and before transporting the patient.
- **Neonates:** It is appropriate to empty the catheter bag every 24 hours for the neonate population. A buretrol drainage system may be used in the NICU, emptied by drawing urine into a sterile syringe every 1 to 6 hours.

**Changing Catheter Bags**
Change catheter drainage bags based on:
- Manufacturer’s recommendations
- Clinical indications (e.g. infection, obstruction)
- Closed system is compromised
- Whenever catheter is changed
- Whenever contaminated, damaged, odorous, discoloured, or the urine has significant amount of sediment.

**Leg Bags**
Leg bags are designed for the mobile patient to strap to the thigh or calf. Where available, patients can attach a larger bag to the bottom of their leg bag maintaining a closed link system and giving a larger volume capacity overnight.
Capacity of leg bag: approximately 300mL to 1500mL